mation

B

Add. Every item of infor- HYSICIANS should state statement of OCCUPA.	1. PLACE OF D County Village or City
PHYSICIANS of statement	2. FULL NAME (a) Residence: I
IT REC. Y. P. Exact	PERSONAL 3. SEX 4. (
FOR BINDING IS A PERMANENT RE stated EXACTLY. properly classified. Exa	5a. If married, widowed, or HUSBANO of (or) WIFE of
FOR B IS A PE stated E properly certificate	7. AGE Years
RESERVED FOR BINDING INK—THIS IS A PERMANEN GE should be stated EXACTI hat it may be properly classified is on back of certificate.	8. Trade, profassion, kind of work is SAWYER, BOO 9. throughtry or busin work was don SAW MILL, BA this occupation year)
E GOTE	

STATE OF MARYLAND—CERTIFICATE OF DEATH EATH Allegany Registration Dist. No Cumberland Hospital Memorial (If death occurred in a horpital or institution, give its NAME instead of street and number) In city or town where death occurred How long in U.S. if of foreign birth?_____vrs. Oakland, Maryland St. Ward. (Usual place of abode) If nonresident give city or town and State AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) November White -5 Single (Month) (Yaar) r divorced 22. That I attended deceased from th, day, and year) Nov. 3, 1935 to have occurred on the date stated above, at 5:35Am If LESS than 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance ___ min. wera as follows: Oate of onset or particular dona, as SPINNER, OKKEEPER, etc.... ess in which e, as SILK MILL, ANK, etc.... 11. Total time (years) spent in this st worked at (month and occupation _... 12. BIRTHPLACE (city or town) (State or country) Jasper Baker FATHER Shirley 13. NAME West Virginia 14. BIRTHPLACE (city or town) Name of operation (State or country) What test confirmed diagnosis?_C MOTHER Etta Agnes Moats 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: West Virginia 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?_____ Oate of injury____ (State or country) Where did injury occur? ___ (Specify city or town, county and State) 17. INFORMANT MEMORIAL Specify whather injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE. UMBERLAND. MARYLAND (Address) DE BURIAL, CREMATION, OR REMOVAL Manner of injury TION is Nature of injury 24. Was diseasa or injury in any way related to occupation of deceased? 19. UNDERTAKER _ (Address) If so, specify (Address) 40 Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
DEC 7 1936				
Other contributory causes of importance.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	IN
---	----

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.—WRITE PLANDY V. S. No. 1

	STATE OF MARYLAND	CERTIFICATE OF DEATH 126	01
	1. PLACE OF DEATH	Side of (3)	
	County ALLECA MY City	Registration Dist. No.	
	Village or City Cumber and Inc.	No. St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
		ds. How long in U.S. if of foralgn birth?yrsmo	
1	2. FULL NAME andrew Barney	If U. S. Veteran, specify WAR	
,	(a) Residence: No. Buch Valley 18	A St., Ward.	V
	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	State
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21 DATE OF DEATH	
	In OR DIVORCED (write the word)	Mor. 29	1935
	5a. 11 marriad, widowed, or divorced	(Month) (Qáy)	(Year)
	HUSBAND OF Mary Barney	22. I HEREBY CERTIFY, That I attanded d	
	1 11 /19/2	1 last saw h alive on	
certificate	6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Month Days If LESS than	to have occurred on the deta stated abova, at	; death is sard
tific	12 10 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and retated caosas of importance	
cer	_ 8. Trada, profession, or perticular	ware as follows augus Pecors	Date of onset
Jo	kind of work done, as SPINNER, farmer SAWYER, BOOKKEEPER, etc farmer	Penelen	30
back	9. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, atc	Organis Heart Distance	
n b	O 10. Date deceased last worked at 11 Total time (years)	Trance Heart Wishing	
instructions on	this occupation (month and spant in this 50 occupation occupation		
tio	12. BIRTHPLACE (city or town) Julton Co	Other Coutributory Causes of importance:	1930
truc	(State or country)	Chan's nephrita	
ins	# 13. NAME Ossie Barney	Porchy 11/2 ay	
See	14. BIRTHPLACE (city or town)	Name of oparation Date of	
i	(State or country)	What test confirmed diagnosis? Was there an at	
important.	E 15. MAIOEN NAME Weldon	23. If daath was due to external causes (VIOL ENCE) fill in also the following	
port	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
ii	11 9000000	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	CF
ery	(Address) Mexico tarma (umb. h.	4	
is very	18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury	
- 9	Plece Ducks Vally Date Dec 1939	Nature of injury.	
TION	19. UNDERTAKER Sphraim Smith	24. Wes disaase or injury In eny way ralated to occupation of decaased?	
	(Address) Writings Da	If so, spacify	
)	20. FILED 10 29, 1993 Par Olsan hu. 1.	(Address) Curry Los Far May	M. D.
6 7	Registrat.	(1001000)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	li li	Example II		
The principal cause of importance were a	of death and related causes s follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep.	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DEC 7 1935	July 5,1927	Peritonitis	3 days ago	
	BUREAU V &				
Other contributory c	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

-WRITE PLANLY

of OCCUPA-

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

STATE OF MARYLAND—CERTIFICATE OF DEATH

12605

1. PLACE OF DEATH	CORPORATE LIMITS (942)
County ALLEGANY	Registration Dist. No.
Village or City CUMBERLAND, MD. MEMORIA	L HOSPITAL St. 6 -/ Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	nosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME BEAL, BURTON	
(a) Residence: No. WELLERSBURG, PENNA.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH NOVEMBER, 5, 1935
MALE WHITE SINGLE	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. MEREBY CERTIFY, That I attended deceased from
(01) 1111 01	- Use to List of to the state of the state o
6. DATE OF BIRTH (month, day, and year)	I last saw has alive on 200. 4 35 death is said
7. AGE Years Months Days If LESS than	T-45 A 35
30 30 3 16 1 day,	The PRINCIPAL CAUSE OF DEATH and related eauses of Importance
Trade profession or particular	were as follows: Dank Rever Detections
kind of work done, as SPINNER, FARMER SAWYER, BDDKKEEPER, etc	Carried Land
kind of work done, as SPINNER, FARMER SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at this occupation (months and	
SAW MILL, BANK, etc.	
- Shell Ill fill?	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)MARYLAND	Conousry Ochlusian huss
(State or country)	
14. BIRTHPLACE (city or town)—PENNA.	
14. BIRTHPLACE (city or town) PENNA	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME AQUILLA WITT 16. BIRTHPLACE (city or town) PENNA	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town) PENNA	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT MEMORIAL HOSPITAL	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) CUMBERLAND, MD	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Hellandsury & Date 100 8, 193	Nature of injury
19. UNDERTAKER & L. L. Dens	24. Was disease or injury In any way related to occupation of deceased?
(Address) / Transla	If so, specify
20 FUEDOU 6 1935 Jas Franklin M	(Signed) / / / / / / / / M. D.
Registrar.	(Address) Messellelland MI)

DR. MOLER

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUDGID V S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis »	1 year	

STATE OF MARYLAND	CERTIFICATE OF DEATH 12602
1. PLACE OF DEATH	(59)
County Colleg auce	Registration Dist. No.
Village or City War Savage	No. St., War
Length of residence in city or town where deeth occurredyrs,mo	If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME NEWTON Thomas	Rlosk
(a) Residence; No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (perite the word)	21. DATE OF DEATH NOT 30 (Year)
5a. If merried, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY. That I attended deceased fro
(or) WIFE of	22. 1 HEREBY CERTIFY, That I attended decesed fro
6. DATE OF BIRTH (month, dey, end yeer) VAIC 251/935	I last saw h A elive on MAT 2 0 193 1; death is sa
7. AGE Yeers Months Deys If LESS than	to heve occurred on the date stated above, at the state of the state o
I day,hrs.	were as follows:
8. Trade, profession, or perticular	Date of one
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	- OM
DA CAMMUL DAMY de	agus
10. Date deceesed last worked at this occupation (month and spent in this	
year) occupation	Other Centributary Causes of importance:
12. BIRTHPLACE (city or town) MY Sayof	Other Continues of Importance.
(State or country)	_
13. NAMI TOUCH STORY	
14, BIRTHPLACE (city or town) 6 MA1/ W	Name of operation Date of
	What test confirmed diagnosis? Wes there an eulopsy?
	_ 23. If deeth wes due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Put Bayoge (Stete or country)	Accident, suicide, or homicide? Dete of injury, 19 Where did injury occur?
No A Rhak	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17, INFORMANT (Address)	Specify whether injury occurred in INDUSTRI, in ROME, of in FOREIG FLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Nes Strong & Mon Dete N. W. 3. 0, 19 J.	Nature of injury
19. UNDERTAKER A DILLA A. Brack & Lather	24. Was diseese or injury in any wey related to occupetion of deceased? 116
(Address) May Swage Med	If so, specify
20. FILED / 3. 0. 1935 A Je Bostelles M. D. Registrar.	(Signed) Ly Joseph M. (Address) M. Sovag L M.
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baymore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	4	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
) DEC 3 1985				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

certificate.

jo

See instructions on back

of OCCUPA-

Exact statement

	5	TAIL)F MAF	KYLAND—	CERTIFICATE		12603
1	. PLACE OF DEAT			WITHIN COR	PORATE LIMITE	Dr Koo	
	County	Alleg			OUT CIVIL	Registration Dist. No.	4
	Village or City	Cumber	land.		No. Allegany		St., 4 Ward
	Langth of recidence in ci	ty or town where d	tooth coourred		death occurred in a hospital or insti- ds. How long in U.S. if		
		Nellie.					
-	Z. FULL NAME			Rigely.Wv	If U.S. Veteran sp	ecify WAR	
	(a) Residence: No.)•MITER		e of abode)	St., Ward.	If nonresident give city	3 C.
CONTROL	PERSONAL AN	D STATIST			MEDICAL	CERTIFICATE OF D	
3.	SEX 4. COLO	R OR RACE	5. SINGLE, MA	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	Nov. 27.193	
5a.	Female If married, widowed, or divo	White	Mari	eu		(Month) (Day	(Year)
	HUSBAND of Ear	-1.Blauc			22. Mor. 13 HEREB	Y CERTIFY, That	
6.	DATE OF BIRTH (month, day	y, and year) AU	1g.10.1	894	I last saw h alive on	nor. 27	193 /; death is sald
7.	AGE Years	Months	Days	If LESS than	to have occurred on the date sta	ited above, at 11.30 m.A	ım
	41	3	16	1 day,hrs.	The PRINCIPAL CAUSE OF DEA	ATH and related causes of impo	
z	8. Trade, profession, or pa kind of work done,	rticular	77		acul	Sefter	Date of onset
10	SAWYER, BOOKKEE	PER, etc	House	wile	Englor Can &	it -	1921
JPA	9. Industry or business in work was dona, as S SAW MILL, BANK, e	SILK MILL,					
OCCUPATION	10. Data deceased last wor this occupation (more year)	ked at nth and	Sp	time (years) ent in this			
12	. BIRTHPLACE (city or town)		Wva		Other Contributory Causes of Im	portanca:	20.9
_	(State or country)				Septie In	a bellef s	1821
1ER	13. NAME Bal	ker ward	1.				
FATHER	14. BIRTHPLACE (city or to (State or country)	wn)	Wva		Nama of operation What test confirmed diagnosis?_		
ER	15. MAIDEN NAME AT	nnie.Als	gip		23. If death was due to external c		
MOTHER	16. BIRTHPLACE (city or to	wn)	Ohio		Accident, suicide, or homicide? Whera did injury occur?		
17	INFORMANT Earl.	Blauch	va Post	Office	Specify whether Injury occurred	(Specify city or town, cou in INDUSTRY, in HOME, or in	inty and State) PUBLIC PLACE.
18	BURIAL, CREMATION, OR R		Date NOV	.29.1935	Manner of Injury		
19	UNDERTAKER Cum	John.C.V	Wolford Md		24. Was diseasa or injury in any		
20.	HEBAU 28	1930 Jak	P.Fran	blin mh	(Signed)	I has the	M. D

(Address) ___

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	4	Example II	
The principal cause of death and related cause of importance were as follows:	ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	. 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.	S.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	URTHER	STATEMENTS	BY	PHYSICIAN
-------------------------	--------	------------	----	-----------

mation should be tarefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex

PHYSICIANS should state Exact statement of OCCUPA.

STATE OF	MARYLAND—CERTIFICATE OF DEATH	12604

1. PLACE OF DEATH	46.6
County Allegann. WITHIN COF	REGISTRATION DIST. No.
Village or City Cumbuland	No Alleman Holito St 4 Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	s
2. FULL NAME Orsstrana Osma 10	unt of
(a) Residence: No.	St., Ward. Andgley It Va
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OK DIVORCED (write the word)	Mov. 78 1935
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF CONTROL OF BOARD	22. I HEREBY CERTIFY, That I attended deceased from
- Min M. 10 Min.	1925 to Mar. 78 1925
6. DATE OF BIRTH (month, day, and year) han. 17 1873	I last saw h alive on Not 78 , 193 1; death is said
7. AGE Years Months Days If LESS Ihan I day,hrs,	The PRINCIPAL CALLES OF PRATIL and selected above, et
67 0 11 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Larcuoma of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL,	Mariach) I year
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Dedford Com	
(State or countily)	Carcinous of Stomat 1400
13. NAME Solomon Detrice	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What lest confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lonse Will	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Consc With 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Cotate of country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT If My Some Onash	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manual distance
Place Prod Hill ligger Date 12/1, 1935	Manner of injury Nature of injury
9.4.0	
19. UNDERTAKER Armo Miland Incl.	24. Was disease or injury in any way related to occupation of deceased?
2. 1 - 1 Cook 11 One	(Signed) M.D. M.D.
20. FUED 2. 9, 1935 La Caralle Con Registrar.	(Address) Guntoful nel
	2411 N. Charles Street, Balimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	MECENTED	1915	Attack of epilepsy	1 week ago	
Chronie interstitial ne		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DEC 7 1825	July 5,1927	Peritonitis	3 days ago	
	TOPPAU V. S.				
Other contributory	causes of importance:	3	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		,			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN					

of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	9	0	0	0	
1	4	()	U	6	

1. PLACE OF DEATH	
County allegany	Registration Dist. No.
Village or City / Tollet being	No Died in Car on Highestay Ward
Length of residence In city or town where death occurred 4B yrs mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long to U.S. if of foreign birth?
2. FULL NAME (Villiam Henry	Cahal
1 A 0	Word
(a) Residence: No. /3 / Cloud place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word)	21. DATE OF DEATH
male white Widowed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY. Thet I attended deceased from
(or) WIFE of Eliza Capel	ang 13 1935 to nor 23 1935
6. DATE OF BIRTH (month, day and year) Christ 22 1853	I last saw harmalive on how 23 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated ebove, a 5 Pm.
82 7 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
Trade profession or particular	Date of onest
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Chronic Myseardety)
Industry or business in which work wes done, as SILK MILL	arlenoselegons 5
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL SAW MILL, BANK, etc. 10. Dete deceesed last worked et this occupation (month end	
this occupetion (month end spent in this occupetion	
12. BIRTHPLACE (city or town) Correctly	Other Coutributory Causes of importence:
(State or country) England	
13. NAME John Capel	
13. NAME Caket 14. BIRTHPLACE (city or town)	Neme of operation
(Stete or country)	What test confirmed diagnosis? Change Was there en eutopsy?
15. MAIDEN NAME Matilda Capel 16. BIRTHPLACE (city or town) - Pand	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, sulcide, or homictde?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT William J. Copset	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR ANNOVAL	Manage of Inform
Plece tracking mg Dete How 26,1935	Manner of injury
Like my	24. Wes diseese or injury In any wey related to occupetion of deceased?
19. UNDERTAKER (Address)	If so, specify
11/36 500 0 R XVOILE	(Signed) WOM fane K. M. D.
20, FILED , 19 Registrar.	(Address) Frank Present Spel
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II		
ause of death and related causes were as follows:	Date of onset	
	1 week ago	
ear	1 week ago	
	3 days ago	
ory causes of importance:	1 year	
	Ty cuitos of impo-inico.	

pluods Jo item PHYSICIANS statement CORD. Exact CTL classified. 国 certificate. properly of may back pluods no that instructions UNFADING supplied. plain terms. carefully important. in DEATH plnods OF CAUSE mation LION M

BINDING

RESERVED

1. PLACE OF DEATH County Registration Dist. No. No. (If death occurred in a horpital or enstitution, eve its NAME instead of street and number) mos. 5 ds. How long in V.S. if of foreign birth? Length of residence in city or town where death occurred If U.S. Veteran specify WAR. (a) Residence: No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Day) (Year) 5a. If married, widowed, or divorced EREBY CERTIEY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at 3:50 Days If LESS than 7. AGE Years Months The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ... Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Luce Call Was there an autopsy?_ MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? ______ Date of injury _____ 19. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT -O &Address 18. BURIAL, CREMATION, OR BEMOVA Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNOERTAKER (Address) If so, specify 20. FUED 2 0 193 (Address) 40 Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---	------------	-------	-----	---------	------------	----	-----------

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

mation should be carefully supplied.

PHYSICIANS should state

Exact statement of OCCUPA-

S. No. 1

STATE OF 1. PLACE OF DEATH County Village or City Village or City Cartesian City or town where death	within CORPOR	RATE LIMITS Registration Dist. No. No. Learning St., death occurred in a horpital or institution, give its NAME instead of street and no. 7. ds. How long in U. S. 11 of foreign birth? yrs. mos	
2. FULL NAME (a) Residence: No.	Usual place of abode)	St, Ward. St, or town and S	A 1/C State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OF RACE 5. S	SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	, 193 (Year)
HUSBANO of (or) WIFE of	+	22. HEREBY CERTIFY, That Lattended d	5, 19
5. DATE OF BIRTH (month, day, and year)	6 1860	0	; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at7.15.12_m.	
65	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Hauseinfe!	Chr. Choleyshts	Oate of onset
Hindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
10. Oate deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) Maryland.		Other Contributory Causes of importance:	
13. NAME Maggie Caa	per		
14. BIRTHPLACE (city or town)		Name of operation Cholecystectory Oate of M What test confirmed diagnos Children Was there an au	1
15. MAIOEN NAME week	www	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	<i>A</i> :	Accident, suicide, or homicide? Oate of Injury Where did injury occur?(Specify city or town, county and State	, 19
17, INFORMANT(Address)		Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLA	ĆE.
18. BURIAL, CREMATION, OR REMOVAL Place Megterufast, Max	nar 29, 1935	Manner of Injury	
19. UNDERTAKER De Transit	77/0/2	24. Was disease or injury In any way related to occupation of deceased?	}
20, 5186 V 2 9 , 1935 Jack	Registrar.	(Address) Under least in	S. M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis DEC 7 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURFAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	рт	PHISICI	AIN	

ADDITIONAL OR ADDITION DESCRIPTION OF A PROPERTY OF A PROP

B.-WRITE PLA

CTATE OF MADVIAND CEDTIFICATE OF DEATH

19000

STATE OF MARTLAND	CERTIFICATE OF DEATH 15000
1. PLACE OF DEATH	940
County allegany	Registration Dist. No.
Village or City Ma dandown Ind	No. St., Ward
(If Length of residence In city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mosds.
0 0 . 0 41 00	• YIS
2. FULL NAME to Lyahe Hoffman	a maria
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white or DIVORCED (write the word)	(Month) (Day) (Yeer)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Jamah Davis	HOL REBY CERTIFY. Thet I attended deceased from
S DATE OF BIRTH (month day and was) # 20-2 1569	I last saw h elive on
6. DATE OF BIRTH (month, day, end year) 5 eb 2, 16 Cg 7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, atm.
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH and releted causes of importance?
8. Trade, profession, or particular	from slale unt of the Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Lawils I Jusquelle
Industry or business in which work was done, as SILK MILL. General Farming SAW MILL, BANK, etc.	I died from Carpena
SAW MILL, BANK, etc.	Peclisi
- 1 Should Ill (11)	
year) occupation 6	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Vale Durunt	
(State or country)	
14. BIRTHPLACE (city or town) Vale Squaret	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Elley Joan 16. BIRTHPLACE (city or town) Soarlown (State or country)	23. If death wes due to external causes (VIDLENCE) fill In also the following:
o 16. BIRTHPLACE (city or town) O Joanlous	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT A 6 Tolling WA.	Specify whether injury occurred in INDUSTRY, In HDME, or In PÜBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place allegany Con Date 105 5, 1936	Nature of Injury
19. UNDERTAKER Jacob stafer	24. Was disease or injury in any way related to occupation of deceased?
(Address)' I Frostburg rya.	If so, specify.
20, FILED 4 19.51 CROMalkin	(Signed) M. D.
Registrar.	(Address) My Javoge

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

'o be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
nes	May 1,1923	Gastroenteritis	1 year

7		

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-

PHYSICIANS should state Exact statement of OCCUPA.

stated EXACTLY.

AGE should be

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

mation should be carefully supplied. V. S. No. 1 B

STATE OF	MARYLAND—CERTIFICATE OF DEATH	1261
----------	-------------------------------	------

1. PLACE	OF DEA	TH	W.	THIN CORP	DATE II	34			
County		Allegar	ny				Registration	Dist. No.	4
Village	or City	Cumber.	land. Mo		No	Allegany	/ Hospi	tal. st.	
Length o	f rasidanca in a	ity or town where	doath cooursed	(If		in a hospital or institut			
									HIOSUS.
2. FULL			ie. Daw			U.S. Veteran spec	ify WAR		
(a) Res	sidence: No	Ridge	QLy Wya (Usual place	of abode)	St.,	Ward.	If nonresident	t give city or lows an	nd State
PERS	ONAL AN	D STATIST				MEDICAL CE	3		
3. SEX Femal		or or race White	5. SINGLE, MAR OR DAVORCE	RIED, WIDOWED, D (write the word)	21. DATE	OF DEATH		14.1935	. 193
5a. If married, v	vidowed, or div	orced =					(Month)	(Day)	(Year)
HUSBAND (or) WIFE	of IN	oan. Da	wson.		22.			Y. That I attende	d deceased from
		1	Mar lo.	180/1	Uc7			hoo. 14	, 1935
6. DATE OF BIL		y, and year)	mar. 10.			er alive on			; death is said
7. AGE	Years	Months 8	Days 4	If LESS than I day,hrs.		rred on the date stated			
4:			1 7	ormin.	were as follo	ows:	n and refeted caus	ses of importence	Date of onset
8. I rade, p	8. Trade, profession, or particular kind of work done, as SPINNER, House Work SAWYER, BOOKKEEPER, etc			70	A. A.			0	
9, Industry	y or business in	n which			3	raige we	Com pen	sa from	ling, 35
SAV SAV	k was done, as: V MILL, BANK,	SILK MILŁ, etc			7	philips.	myaca	vartis	19.24
10. Date deceased last worked at this occupation (month end year)					***************				
	12. BIRTHPLACE (city or town) WVa (State or country)				Other Coutri	ibutory Causes of impo	rtance:		
1		lfred.H	elnac						
I	1.000 / 12	3.77576	WV	a		7200	4 0	4 0 0	
	te or country)	own)			Name of operation Date of Date of What test confirmed diagnosis? Churcal Y Sab. Was there an europsy?				
M 15. MAIDEN	15. MAIDEN NAME Francis. Flin. 16. BIRTHPLACE (city or town) (Stete or country)				as due to external caus				
T IS PIDTUD				1	icide, or homicide?			•	
∑ 10. Bikini					ijury occur?			,	
17. INFORMANT Mrs Francis.Helmac (Address) Swanton. Md			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				ate) 'LACE.		
		REMOVAL	4 37	16 1035	Menner of in				
Place	Allega	ny Coun	Ty NOV.	16.1935		jury			
19. UNDERTAKE		ohn.C.W	olford	đ		se or injury in any wa		-	no
20. FILED	116	1955	P. Fran	Alex 2016 Registrar.	(Signed	///	Jilord	fores	M, D.
		If more	blanks are needed,		2411 N. Charles	s Street, Baltimore, Rec	questing U. S. No	1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 7 1935	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	125
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSI	ICI.	$\mathbf{A}\mathbf{N}$
--	------	------------------------

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12011
1. PLACE OF DEATH	(4.2)
County allegany	Registration Dist. No.
Village or City Frontburg	No. 6 3 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred by yrs	
2. FULL NAME AS Mennie O Deff	en bangk en bangk
(a) Residence: No. 15.3 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. CDLDR OR RACE DR DIVDRCED (write the word)	21. DATE OF DEATH /2 193 5
5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Henry Coffenbough	22. I HEREBY CERTIFY. That I attended deceased from 1935 to 26 1935
6. DATE OF BIRTH (month, day, and year) Lan 22 1869	I last saw h. alive on 200 8 , 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 6.30 Pm.
66 10 18 1day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER. Yousewift	Date of onest
SAWYER, BDOKKEEPER, etc	Caseing ma 7
work was dona, as SILK MILL, SAW MILL, BANK, atc	Lines C
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc 1D. Date deceased last worked at this occupation (month and year).	
12. BIRTHPLACE (city or town) Mt Saryage (State or country)	Dther Contributory Causes of importance:
	y
13. NAME Charles Oliner Deffenbang	
14. BIRTHPLACE (city or town)	Name of oparation Date of
ml 50 110	What test confirmed diagnosis
15. MAIDEN NAME Maney Wilkelm	23. If death was dua to extarnal causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT FIRST MACON TO FING MA	Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMDVAL	Manner of injury
Place Fareflerer Date (19 13, 10)5	Nature of Injury
19. UNDERTAKER J.	24. Was diseasa or injury In any way related to occupation of daceasad?
20. FILED 1/63 1935 a.R. Walker	If so, specify (Signed) M.D. M.D.
Registrar.	(Address) From Front July
If more planks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

10011

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 6 1905			
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

N. B.—WRITE POINTY, WITH UNFADING IND.

item of infor- should state of OCCUPA.	
RECORD. Every PHYSICIANS Sxact statement	
A PERMANENT I ted EXACTLY. perly classified. Hificate.	
GE should be star at it may be pro-	
ully supplied. Ac plain terms, so the See instruction	
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
CAL	

	1. PLACE OF DEA	STATE (OF MAR	RYLAND-	-CERTIFICATE	OF D	EATH	12612
	County Al	legany		ज्याद्यापट	(46E)	Rogistra	tion Disk No.	2/1
	Village or City	Cumber	cland.	id City Lin	nite No. Rout 4 Chi	rister	tion Dist. No	<i>T.23</i>
	Length of residence in o	city or town where	death occurred	(mo	If death occurred in a horpital or institute. Sds. How long in U.S. if (ution, give its N	AME instead of stre	St.,Ward
	2. FULL NAME	Reed . I	Dicken.				?yrs	ds.
No. of Concession, Name of Street, or other Persons, Name of Street, Name of S	(a) Residence: No.	1944	Chris	Ey Gras	St., Ward.		1	12
	PERSONAL AN	ND STATIST	(Usual place	of abode)		If nonresi	dent give city or to	wn and State
3		OR OR RACE		RIED, WIDOWED,	MEDICAL C	ERTIFICA	TE OF DEA	TH
-	Male W	hite	OR DIVORCE	D (write the word)	21. DATE OF DEATH	Nov.	5.1935	
5.	a. If married, widowed, or divo HUSBAND of (or) WIFE of	Tile. Di	cken.			(Month)	(Day)	(Year)
-	(Or) WIFE of				22. ALHEREBY	CERT	FY. That I att	tended deceased from
6.	DATE OF BIRTH (month, da	y, and year)	Mar. 19.	.1864	l last saw h. I way affine on		Nou	,
	AGE Years	Months	Days	I If LESS than	to have occurred on the date state		45 Pm	35; death Is said
_	71	7	17	I day,hrs.	The PRINCIPAL CAUSE OF DEAT			
NO	Trade, profession, or pa kind of work done, SAWYER, BDOKKEE	articular as SPINNER.		, steered the steered to the steered	were as follows:	^	or importance	Date of onset
ATI	9 Industry or hyginage in which				Carcinous S	Tornas		7
OCCUPATION	work was done, as S SAW MILL, BANK, e	ILK MILL, W	ods Wo	rk		- Can		
00	Ting occupation (mor	ked at	11. Total ti	me (years)				
	year)		ocan	pation	011			
12	. BIRTHPLACE (city or town) (State or country)			Pa	Other Contributory Causes of Impor	tance:	^	
œ	13. NAME	17	. D.i . l		Melistasis	to)	wer	P
FATHER			n.Dicker			/	· · · · · · · · · · · · · · · · · · ·	
FA	14. BIRTHPLACE (city or tov (State or country)	vn)		Pa	Name of operation	one,	A.I. Date	of \/
ER	15. MAIDEN NAME	Levin	a · Ash		What test confirmed diagnosis?/	Listory	Washer	e an autoney?
OTH	16. BIRTHPLACE (city or tow		Pa		23. If death was due to external cause	es (VIOL ANCE)	fill in also the foll	Owing ·
Σ	(State or country)				Accident, suicide, or homicide?		Date of injury	, 19
17.		ynold.F			Where did injury occur?	(Specify city	or town, county and	State)
10	(Address) Cumber	cland. M	d Rout	4	Specify whether injury occurred in I	NUUSTRY, In I	HOME, or in PUBLI	C PLACE.
10.	BURIAL, CREMATION, OR RE	MOVAL sh Pa	Date Nov. 7	.1935	Manner of injury			
10	John.C.Wolford				Nature of injury			
19.		umberla			24. Was disease or injury in any way	related to occu	pation of deceased	?
20.	0/1/	33 Jas	2%	10 21	If so, specify (Signed)	C. TX	Naclaci	
	, 10		- Comme	Registrar.	(Address)	whale	nd Flife	M. D.
	-	***						

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 7 1935			
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH County 1. LECAN WITHIN CORPORATE LIMITS Registration, Dist. No. Ward Village or City Langth of residence in city or lown where death occurred. YII. Ward Langth of residence in City or lown where death occurred. (a) Residence: No. J. SEX 4. COLOR OR RACE OR DIVERTOR S. SINGLE, MARRIED, PIDOWED. OR DIVERTOR S. LINGLE, MARRIED, PIDOWED. OR UNICAL S. LINGLE, MARRIED, PIDOWED. OR UNICAL THE REBY CERT I FY. Thet I ettended deceased from the standard above, at. J. 15 Jan. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Divertor to business in which SAME OF DIVERTOR (ALL) S. LINGLE COLOR OR RACE OR DIVERTOR AND THE STANDER SAME MILL. Divertor J. J	STATE OF MARYLAND—CERTIFICATE OF DEATH								
Village or City. CUMCERLED D. Q. Itempth of residence in city or Jown where death occurred to the control in shorpital or institution, give in NAME priced of attest and number? At the low land in the control in shorpital or institution, give in NAME priced of attest and number? At the control in the control in shorpital or institution, give in NAME priced of attest and number? At the control in the control in shorpital or institution, give in NAME priced of attest and number? At the control in the control in the control in shorpital or institution, give in NAME priced of a the control in the co		1. PLACE OF DEATH							
Length of residence in city or Jown where death occurred. Yr. mos. ds. How length in S., If of foreign birth? Yr. mos. ds. How length in S., If of foreign birth? Yr. mos. ds. How length in S., If of foreign birth? Yr. mos. ds. How length in S., If of foreign birth? Yr. mos. ds. How length in S., If of foreign birth? Yr. mos. ds. How length in S., If of foreign birth? Yr. mos. ds. How length in S., If of foreign birth? Yr. mos. ds. How length in S., If of foreign birth? Yr. mos. ds. How length in S., If of foreign birth? Yr. mos. ds. How length in S., If of foreign birth? Yr. mos. ds. How length in S., If of foreign birth? Yr. mos. ds. How length in S., If of foreign birth? Yr. mos. ds. How length in S., If of foreign birth? Yr. mos. MEDICAL CERTIFICATE OF DEATH 22. I HER EBY CERTIFY. The I eltended deceased from (foreign birth? Yr. mos. Yr. mos. MEDICAL CERTIFICATE OF DEATH 23. DATE OF DEATH Date of work of diversed drive dity or town and State Well and the work of the work of the word of the date stated above, at D. Mark and the word of the word of the date stated above, at D. Mark and the word of the date stated above, at D. Mark and the word of the word of the date stated above, at D. Mark and the word of the	County ALLECANY WITHIN CORPOR	RATE LIMITS Registration Dist. No.							
Langth of residence in city or fown where death occurred. (a) Residence: No. Service of the control of the con	Village or City CUMBERLAND	No. ALLE CAN Ward							
(Qualphase of shode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Mark 4. COLOR OR RACE North Color of RACE North Color of RACE Solidate of Color of Solidate Solidate of Color of RACE									
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRID, WIDOWED OR DIVORCED (write the word) SINGLE S. SINGLE MARRID, WIDOWED OR DIVORCED (write the word) STINGLE 22. DATE OF DEATH (Month) (Day) (Year) 19. 193 35. If a principle of the state	2. FULL NAME Surfacet Diggs	If U.S. Veteran specify WAR							
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED OR DIVORCES (write the word) 21. DATE OF DEATH 22. I HER EBY CERTIFY. The I eltended deceased from (or) WiFe of (or) WiFe of The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows. The PRINCIPAL CAUSE OF DEATH and related causes of importance This coccapilation (month and Sam MILL BANK, etc. To Deter General cause vicked at this coccapilation (month and Sam MILL BANK, etc. The PRINCIPAL CAUSE OF DEATH and related causes of importance The Contributory Causes of importance: The PRINCIPAL CAUSE OF DEATH and related causes of importance This coccapilation (month and Sam MILL BANK, etc. The PRINCIPAL CAUSE OF DEATH and related causes of importance This coccapilation (month and Sam MILL BANK, etc. The PRINCIPAL CAUSE OF DEATH and related causes of importance This coccapilation (month and Sam MILL BANK, etc. The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PR	(a) Residence: No. 8/18/ Shriver Olive	St., 3 Ward.							
SEX	(Usual place of abode)								
Se. It restried, vidowed, or divorced HUSBAID. So. It restried, vidowed, or divorced HUSBAID. So. It restried, vidowed, or divorced HUSBAID. Sinight Sinigh									
59. If married, victowed, or divorced HUSSAND of (or) WiFE of 19. J. Total lime (years) or J. Distributes of this series of the securation (month) and year) 19. J. Total lime (years) or J. Distributes of this series of the securation (month) and year or the series of the securation (month) and year or the series of the securation (month) and year or the series of the securation (month) and year or the securation (month) and year o	On Divionant (), the world	11 8 193 35							
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days IT LESS than I day, 7	5e. If married, widowed, or divorced	(month) (bay) (teal)							
7. AGE Years Months Days If LESS than 1 day	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from							
T. AGE Years Months Days If LESS than 1 day	6. DATE OF BIRTH (month, day, and year)	I last saw had alive on, 19; death is seid							
8. Trade, profession, or particular Hind was a SPIANER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and occupation) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKE 19. Date of Lingury 19. Where did Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury 19. What read occupation of decessed? 11. Total time (years) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 19. Was disease or injury in any wey related to occupation of decessed? 11. Total time (years) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. UNDERTAKE Address) 19. UNDERTAKE Address) 19. UNDERTAKE Address 19. Specify (Signed) M. D.	7. AGE Years Months Days If LESS than	and the second s							
8. Trade, profession, or particular Hind work on east SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and occupation) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. UNDERTARN Dete Alare 19. UNDERTARN Manner of injury Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Name of operation. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Name of operation. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of i	newborn o o lady,hrs.	were as follows:							
12. BIRTHPLACE (city or town). CARRIAND (State or country) MARY LAND 14. BIRTHPLACE (city or town). Carried diegnosis? 15. MAIDEN NAME 16. BIRTHPLACE (city or town). Carried diegnosis? (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL (Place of the country) Dete 1. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. UNDERTARRAL Dete 1. Specify Manner of injury Nature of injury Nature of injury Nature of injury 19. UNDERTARRAL 24. Wes disease or injury in any wey related to occupation of deceesed? If so, specify (Signed). M. D.	9 Trade profession or particular	Date of onset							
12. BIRTHPLACE (city or town). CARRIAND (State or country) MARY LAND 14. BIRTHPLACE (city or town). Carried diegnosis? 15. MAIDEN NAME 16. BIRTHPLACE (city or town). Carried diegnosis? (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL (Place of the country) Dete 1. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. UNDERTARRAL Dete 1. Specify Manner of injury Nature of injury Nature of injury Nature of injury 19. UNDERTARRAL 24. Wes disease or injury in any wey related to occupation of deceesed? If so, specify (Signed). M. D.	SAWYER, BOOKKEEPER, etc	atelectoris							
12. BIRTHPLACE (city or town). CARRIAND (State or country) MARY LAND 14. BIRTHPLACE (city or town). Carried diegnosis? 15. MAIDEN NAME 16. BIRTHPLACE (city or town). Carried diegnosis? (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL (Place of the country) Dete 1. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. UNDERTARRAL Dete 1. Specify Manner of injury Nature of injury Nature of injury Nature of injury 19. UNDERTARRAL 24. Wes disease or injury in any wey related to occupation of deceesed? If so, specify (Signed). M. D.	9. Industry or business in which work was done, as SILK MILL,								
12. BIRTHPLACE (city or town). CARRIAND (State or country) MARY LAND 14. BIRTHPLACE (city or town). Carried diegnosis? 15. MAIDEN NAME 16. BIRTHPLACE (city or town). Carried diegnosis? (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL (Place of the country) Dete of the country occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. UNDERTARRAL Dete of Injury 24. Wes disease or injury in any wey related to occupation of deceesed? 17. If so, specify (Signed). M. D.	SAW MILL, BANK, etc.								
Other Coatributory Canasa of importance: Other Coatributory Other Coatri									
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place Place 19. UNDERTAKE 24. Wes disease or injury Nature of injury 24. Wes disease or injury in any wey related to occupation of deceesed? 16. So, specify (Signed) Mam. D. Mam. D. Mam. of operation Whet test confirmed diegnosis? Was there en eutopsy? Was there en eutopsy? Was there en eutopsy? 23. If death wes due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury Where did Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Nature of Injury 24. Wes disease or injury in any wey related to occupation of deceesed? If so, specify (Signed) M. D.	C	Other Contributory Canses of importance:							
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, GREMATION OR REMOVAL Place 19. UNDERTENER Date of		R. T.							
Whet test confirmed diegnosis? Was there en eutopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTARRAL Dete 19. UNDERTARRAL 19. OF FILED 20. FILED 21. INFORMANT (Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury 24. Wes disease or injury in any wey related to occupation of decessed? 15. MAIDEN NAME 22. If death wes due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury Where did Injury occurr? (Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury Nature of Injury 19. UNDERTARRAL (Signed) M. D. 20. FILED M. D. Whet test confirmed diegnosis? Was there en eutopsy? 23. If death wes due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury Nature of injury Nature of Injury 19. UNDERTARRAL (Signed) M. D.		Crematine (6 mms)							
Whet test confirmed diegnosis? Was there en eutopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTARRAL Dete 19. UNDERTARRAL 19. OF FILED 20. FILED 21. INFORMANT (Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury 24. Wes disease or injury in any wey related to occupation of decessed? 15. MAIDEN NAME 22. If death wes due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury Where did Injury occurr? (Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury Nature of Injury 19. UNDERTARRAL (Signed) M. D. 20. FILED M. D. Whet test confirmed diegnosis? Was there en eutopsy? 23. If death wes due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury Nature of injury Nature of Injury 19. UNDERTARRAL (Signed) M. D.	T MARCES SHERTING CIGIO								
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Dete De	14. BIRTHPLACE (city or town)								
Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION OR REMOVAL Place of Color o									
Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION OR REMOVAL Place of Color o	I IS MAIDEN HAME								
17. INFORMANT CAPRIES SHERVER DEGAS 18. BURIAL, CREMATION, OR REMOVAL Place A Carol. Dete 100 8, 1935 19. UNDERTAKE A CAROL. Dete 100 8, 1935 20. FILED 100 8, 1935 21. Wes disease or injury in any wey related to occupation of deceesed? (Signed), 1935 M. D.	O 16. BIRTHPLACE (city or town)								
18. BURIAL, CREMATION OR REMOVAL Place It Claux Claus Dete 110 8, 19 3 5 19. UNDERTAIR Command of Injury 19. UNDERTAIR Command C	A 8.1 D.	(Specify city or town, county and State)							
18. BURIAL, CREMATION, OR REMOVAL Place It Claux Count. Dete 100 8, 1935 19. UNDERTARRAM COUNTY COUNTY CANADAM STATE OF INJURY IN any wey related to occupation of decessed? 19. UNDERTARRAM COUNTY COU		Specify whether injury occurred in INDUSTRY, in HOME, or in Public Place.							
Place At Chick Court Dete 10 - 8, 19 3.5 Nature of Injury 19. UNDERTAKRALIS Office Court 24. Wes disease or injury in any wey related to occupation of decessed? 19. UNDERTAKRALIS Office Court If so, specify 20. FILED S		Mannar of injury							
(Address) 20. FILED 1. 8. 1976 Oscil. Aranklus Mh. (Signed) Walter S. Julius M. D.	Place Station Bend Date Nov 8 , 1935								
20. FILE DAN 8, 1976 Oct Arankly Mh (Signed) Walter S. Julium M. D.	19. UNDERTOURAGE STEETS Como	24. Wes disease or injury in any wey related to occupation of deceesed?							
20. FILED 11. 1. 120 January 11. U	(Modress) Completed and	If so, specify							
	20, FILEPLAN 8, 190 Jack Chranklu Mh								
If more blanks are needed, address State Registrar 2017 N. Charles Street Baltimore, Requesting T.) S. No. v.	Registrar.								

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related caus of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstitical nephritis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 7 1935	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

2 or authorization of mother or na	ATEMENTS BY PHYSICIAN
0	

STA	TE OF MA	ARYLAND-	CERTIFICATE OF DEATH 12614
1. PLACE OF DEATH	WITHIN CORPO	RATE LIMITS OF	
County M	Laun	9	Registration Dist. No.
Village or City	Sparac	ming	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or	town where death occurre	// //	
2. FULL NAME	Vacha	el fi	Dohn
(a) Residence: No.	Bu	chwood	St., Ward.
PERSONAL AND S		PTICILIAPS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR		, MARRIED, WIDOWED,	21. DATE OF DEATH
Hemale Och	ita OR DIV	ORCED (write the word)	Morth (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of		600	
(or) WIFE of	host 6	Dohn	22. I HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, end	vear)	30 1873	I last saw h_l alive on_ hart. 5
7. AGE Years	Months Day		to have occurred on the date stated above, at
62	30 11.	5 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trade, profession, or particu kind of work done, as SI SAWYER, BOOKKEEPER,	PINNER,	onoske	Chronic Infliction
9. Industry or business in which	ch &	: 	
9. Industry or businass in white work was done, as SILK SAW MILL, BANK, etc		Tabel Nime (many)	
10. Date deceased last worked this occupation month anyear)	nd 1933	Total tima (years) spent in this occupation 494	
	05:		Other Contributary Causes of importance:
2. B1RTHPLACE (city or town) (State or country)	Wary	land,	
13. NAME Cas	on Dist	kworth	
14. BIRTHPLACE (city or town)_	(-)	P	Name of operation Data of
× = = = = = = = = = = = = = = = = = =	Mary	land	What test confirmed diagnosis? Was there an autopsy? 49
15. MAIDEN NAME	ary Coffe	Merryell,	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	1/ Jenns	an locamia	Accident, suicide, or homicide?
17. INFORMANT Prisal	Quelans	Milam	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address)	Lunac	ming M.	
18. BURIAL, CREMATION, OR REMO	YAL (ment of 121	Manner of injury
Place Comme	4 Challengate	000 (1-0, 1998	Nature of injury
19. UNDERTAKER	Ouchl	sour,	24. Was disease or injury in any wey related to occupation of deceased?
(Address)	mac	ming	If so, specify
20. FILED NOV. 8, 1931	5 Dr. C. Jon	Registrar,	(Signed) / Charle M. D. (Address) Sold at Ming M. D.
	If more blanks are no	<u> </u>	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
0 1000			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
and the same of th			

state OCCUPA

plnods item of

PHYSICIANS Every

CTL

田

stated

pluods

supplied terms.

carefully

plno

CORD.

statement

Exact

classified

certificate. properly

jo

back may

no

instructions

See

important

very

LION

plain

in

DEATH

OF

CAUSE

that

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, 193 (Month) (Day) (Year) 5e. If married, widowed, or divorced HUSBAND of CERTIFY, That I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years if LESS than Days to heve occurred on the date stated above, et. 1 day, hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or____min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc ... 10. Date deceased last worked et 11. Total time (yeers) spent In this this occupation (month and occupation _____ Other Contributory Canses of importance 12. BIRTHPLACE (city or town (State or country) FATHER 14. BIRTHPLACE (city or town). Name of operation (State or country) What test confirmed diagnosis?_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?__ (Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION OR Manner of Injury Nature of Injury. 24. Was disease or injury in any way related to occupation of deceased 19. UNDERTAKER (Address) If so, specify (Signed) (Address) Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimole, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis 7 1935	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SE	PACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---------------	--------	-----	---------	------------	----	-----------

	rofor-	state	ITDA
X	item of	should	of OCC
	. Every	ICIANS	tomont
	RECORD	PHYS	Tant at
3	ANENT F	CTLY.	eified F
	PERM.	d EXA	arly clas
1	S IS A	e state	a nron
	K-THI	q plnou	f may h
	ING IN	AGE s	in that i
	UNFAD	supplied.	terms s
	WILL!	refully a	I in plair
	LATINLY	ild be ca	DEATH
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCIDA
	N. B.		

of certificate.

See instructions on back

CAUSE OF DEATH in plain TION is very important.

ment of OCCUPA-

STATE OF	MARYL	AND-	-CERTIF	ICATE	OF	DEATH
----------	-------	------	---------	-------	----	-------

-0	0	0	-0	C
1	2	0	1	()

1. PLACE OF DEATH	WINTER COORD	TATE I MAITE (24)
County Allegany	WITHIN CONFOR	Registration Dist. No.
Village or City Cumb example	3	No. Memorial Hospital St., 6 Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deat	th occurredyrsmos	a death occurred in a norpital or institution, give its NAIME, instead of street and number) 3. 27
2. FULL NAME	Moward	Omerich .
(a) Residence: Np.	(Usual place of abode)	St., Ward. Ellerale State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MALE WHITE	SINGLE, MARRIED, WIDOWED, OR DIVORCED (surite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Patte)	22. I HEREBY CERTIFY. That I attended deceased from Oct 13, 1935, to 20010, 1935
6. DATE OF BIRTH (month, day, and year) June	12. 1881.	I last saw h elive on 21059 , 19.32; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1. 3.4.2.9.m.
7	28 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ENGINEER	Hours a Whie farmaly ?
9. Industry or business in which		
work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years)	Cholesystetis, with gall-stones Quego
this occupation (month and year)	spent in this occupetion	1 50,
12. BIRTHPLACE (city or town)———PENNA (State or country)		Dther Contributory Causes of Importance: Shock from Chologoloky Oct 17
13. NAME EMERICK JOSE	EH	1.133
14. BIRTHPLACE (city or town) ENNA		What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME THARP AND	V A	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country) PENNA		Accident, suicide, or homicide?
17. INFORMANT MEMORIAL HOST (Address) CUMBERLAND I	PITAL MARYLAND.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, SREMATION, OR REMOVAL	Dete 22 12,1935	Manner of injury
19. UNDERTAKER 4. S. S. (Addiess) Hyndyn	Penna	24. Was disease or injury in any wey related to occupation of deceased?
20. FILEDAN / 105 Jas	Registrar.	(Signed) Jelle Webser M. D. (Address) Lambert and M. D.
If more blan	iks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes Date of onset of importance were as follows:			Example II	
			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BECEIVEL	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr		1921	Run over by street car	1 week ago
Cerebral hemorrhage	DFC 7 1935	July 5,1927	Peritonitis	3 days ago
	EUREAU V. S			
Other contributory causes of importance.			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

ADDITIONAL STACE FOR FORTHER STATEMENTS	BI PRISICIAN

ADDITIONAL CDACE FOR FIRTHER CTATEMENTS BY DIVERGIA

CERTIFICATE OF DEATH

state OCCUPA 1. PLACE OF DEATH item of pluods Registration Dist. No County Village or City Jo (If death occurred in a hospital or institution, whe its NAME instead of street and number) How long in W.S. if of foreign birth? PHYSICIANS mos. / Q ds. Length of residence in city or town where death occurred statement If U.S. Veteran specify WAR 2. FULL NAME RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) PERMANENT (Day) (Month) (Year) classified. 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended decaased from 22. (or) WtFE of certificate. 6. DATE OF BIRTH (month, day, and year) properly Months If LESS than to have occurred on the date stated above, at... 7. AGE Days 1 day,hrs The PRINCIPAL CAUSE OF DEATH and related causes of Importance 20 or____min. ware as follows SI Date of onset 8. Trada, profession, or particular OCCUPATION THIS. kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.___ Jo back may 9. Industry or business In which plnods work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date decaased last worked at 11. Total tima (years) no this occupation (month and spant in this that occupation ... instructions SO 12. BIRTHPLACE (city or town) (State or country) supplied. terms, ATHER 13. NAME See plain 14. BIRTHPLACE (city or town) L (State or country) What test confirmed diagnosis?_ ----- Was there an autopsy?---carefully MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: ii. Case Date of Injury 11 -14, 19.35 DEATH 16. BIRTHPLACE (city or town PLAINLY (Stata or country work. be. (Specify city or town, county and State)
Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. should very OR (Address) 18. DURIAL CHEMATION, OR REMOVAL WRITE S CAUSE mation NOIL 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address)

V. S. No. 1

BINDING

FOR

RESERVED

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injurics. Examples:

Example I			Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DEC 7 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July5,1927	Peritonitis	3 days ago
Other contributory car	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforupplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of

certificate.

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	WITHIN CON	200415 1841 FG (82-D)	
County Celle 9	une	Registration Dist. No.	4
Village or City Carachers	landel	No. Mabler ale Blocktone Cue	st.6 - 2/Ward
Length of residence In city or town where death occur	. 35	if death occurred in a forpital or institution, give its NAME instead of street	et and number)
A	rred yrs mo	sds. How long in U.S. if of foreign birth?yrs	ds.
2. FULL NAME Chinos	1. Test	cer mo sucran	
(a) Residence: No. 13lack ale	ual place of abode)	Style - Ward. If nonresident give city or tow	vn and State
PERSONAL AND STATISTICAL P	PARTICULARS	MEDICAL CERTIFICATE OF DEA	тн
	E. MARRIED, WIDOWED,	21. DATE OF DEATH	193
5a. If married, widowed, or divorced	minua	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of Hazel J.	Ilson	1 HEREBY CERTIFY, That I att	ended deceased from
6. DATE OF BIRTH (month, day, and year) July	7.1900	I last saw how alive on 200 - 2 19	36 ; death is said
7. AGE Years Month	ays If LESS than	to have occurred on the date stated above, at	
35 4	2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	
Z Trade, profession, or particular	0	0 6	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Lac mores	ereleral Combolism	11/2/35
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month and			
10. Date deceased last worked at this occupation (month and year)	. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town)		Other Contributory Causes of Importance:	9/6
(State or country)	Ind	aring waren	1/25
13. NAME Jesse R. Fr	sher.		
13. NAME Jesse K. + 1	lend O 1	Name of operation 2200 Date	
(State or country)	Ind.		re an autopsy?
15. MAIDEN NAME LEMMI		23. If death was due to external ceuses (VIOLENCE) fill in also the fol	
15. MAIDEN NAME LANGE 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	_
(State or country)	m.	Where did injury occur?	
17. INFORMANT Thazif J. Frass. (Address)	la.	(Specify eity or town, county as Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	nd State) IC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	2	Manner of injury	
Place Tollous tum Date	W 12,1935		
19. UNDERTAKER Kronjo Stem S	me.	24. Was disease or injury in any way related to occupation of decease	a710
(Address) markets	N. I.	If so, specify	
20. FILED MAN 1 1, 1935 / 2 1	ranklas M!	(Signed) 1 Common Signature (Address) 2/3 2/4 aug Cumbeal	land myo.
If more blanks are n	needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

V. S. No. 1

N. B.-WRITE PLA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	13	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitual nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JEC 7 1935				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gustroenteritis	1 year	

 	THE PLAN	

stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-certificate.

3. SEX

7. AGE

OCCUPATION

FATHER

important.

back of

no

instructions

See

plain

in

DEATH

OF

CAUSE

LION

mation

B

should it may

that

supplied.

should be carefully

STATE OF MARYLAND—CERTIFICATE OF DEATH

CERTIFICAT	TE OF BEATH
w	Registration Dist. No. 9
No.	r institution, give its NAME instead of street and number)
	J.S. if of foreign birth?yrsmos

2. FULL NAME

(a) Residence: No. 2 6 8 6 main

4. COLOR OR RACE

1. PLACE OF DEATH

5a. II married, widowed, or divorced HUSBANO of

6. DATE OF BIRTH (month, day, and year)

8. Trade, profession, or particular

9. Industry or business in which

10. Date deceased last worked at

14. BIRTHPLACE (city or town)

(State or country)

16. BIRTHPLACE (city or town)

18. BURIAL, CREMATION, OR REMOVA

(State or country)

12. BIRTHPLACE (city or town (State or country)

15. MAIDEN NAME

13. NAME

17. INFORMANT

19. UNDERTAKER
(Address)

20. FILED ...

(Address)

kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___

work was done, as SILK MILL, SAW MILL, BANK, etc.____

this occupation (month and

(or) WIFE of

Village or City_

II LESS than

I day.____hrs.

or____min.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

II. Total time (years)

spent in this

occupation _____

Days

Oate.

MEDICAL CERTIFICATE OF DEATH

OF DEATH

If nonresident give city or town and State

21. DATE OF DEATH

(Month)

(Oay)

(Year)

22. CERTIFY That I attended deceased from 1935. to 1 last saw held alive on 1935. to 1935; death is said to have occurred on the date stated above, at 52. 4 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Ortenselerosis -

Other Contributory Causes of Importance:

Name of operation	rone
Manie or operation	Pour

What test confirmed diagnosis? Clusse al Was there an aulopsy?

23. II death was due to external causes (VIOLENCE) fill in also the following:

(Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Deox Steles of

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

Registrar.

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II			
The principal cause of death and related causes of importance were as-follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage DEC 6 1935	July 5, 1927	Peritonitis	3 days ago		
BUTTALLYS					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis .	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

PHYSICIANS should state Exact statement of OCCUPA.

stated EXACTLY. properly classified.

See instructions on back of certificate.

be

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

AGE should be

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-FOR BINDING MARGIN RESERVED

V. S. No. 1

M, z STATE OF MADVI AND CEDTIFICATE OF DEATH 19090

1. PLACE OF DEATH	MILAND	CERTIFICATE OF BEATH	5020
County ALLEGANY	TITIN U	Registration Dist. No.	4
Village or City CUMBERLAND	(1	No. MEMORIAL HOSPITAL St., 6 f death occurred in a hospital or institution, give its NAME instead of street and	Ward number)
Length of residence in city or town where death occurred	yrsmos	sds How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME Stellbots	V drie	of U. S. Veteran, specify WAR	
(a) Residence: No(Usnal pla	ace of abode)	St., Ward. Assessed and If nonresident give city or town an	d State
PERSONAL AND STATISTICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEATH	
REMATE WHITE OR DIVOR	ARRIED, WIDOWED. CED (write the word) VGLE	21. DATE OF DEATH NOVEMBER 17, (Month) (Day)	., 193 <u>5</u> (Year)
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of		22. I HEREBY CERTIFY, That I attended	d deceased from
6. DATE OF BIRTH (month, day, and year) NOV . 17	7, 1935	I last saw her alwe on Nov 17 /2, 19	; death is said
7. AGE Years Months Days	If LESS than	to have occurred on the date stated above, at 9:38Am.	
Atthorn	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	151111
8. Trade, profession, or particular kind of work done, as SPINNER.			Date of onset
SAWYER, BOOKKEEPER, etc		Stillbertt. Premolersty.	
work was done, es SILK MILL, SAW MILL, BANK, etc.		Intra uterin asphysia:	
0 10. Date deceased last worked at 11. Total	al time (years)		
	occupation	Other Coatributory Causes of importance;	
12. BIRTHPLACE (city or town) MARYLAND (State or country)			
13. NAME THOMAS FRIEND			
13. NAME THOMAS FRIEND 14. BIRTHPLACE (city or town) MARYLAND		Name of operation Date of.	
(State or country)		What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME THELMA McLAUGHI 16. BIRTHPLACE (city or town) PENNSYLVAI		23. If death was due to external causes (VIOL ENCE) fill in also the following	ng:
16. BIRTHPLACE (city or town) PENNSYLVA	NLA	Accident, suicide, or homicide? Date of Injury	, 19
(State of county)		Where did injury occur?(Specify city or town, county and St	ate)
17. INFORMANT MEMORIAL HOSPITAL (Address) CUMBERLAND, MD.		Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC P	LACE.
18. SURTAL, CREMATION, OR REMOTAL Place Clend, Md. Date //	17/35 19	Manner of injury	
19. UNDERTAKER Marketal (Address)	Hogh	24. Was disease or injury In any way related to occupation of deceased?	
20 Miles 1 2 , 1835 Let III	Registrar.	(Signed) Much Kaynolds (Address) 23 & Carolie of	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of of importance were as f	death and related causes ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DEC 7 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
L.	Section 101 Market Mark			
Other contributory caus	es of importance:		Other contributory causes of importance:	
Gallstones	nes		Gastroenteritis	1 year

1. PLACE	OF DEA		WITH	N CORPOR	ATE LAMI	T8 3	Registration	Diel No	4
		0	land Md	(lf	No.]	Memorial	Hospital tution, give its NAME		Ward number)
Length of		ity or town where	death occurred				of foreign birth?		
	idence: No.	1291	Much (Usual place	and of abode)	St., 5	Ward.	If nonresident	give city or town an	nd State
PERS	ONAL AN	ND STATIST	ICAL PARTI	CULARS		MEDICAL O	CERTIFICATE	OF DEATH	
s. sex Male		White		RIED, WIDOWED, D'(write the word)	21. DATE	OF DEATH	mhan 9,	(Day)	., 1935 (Year)
5a. If married, w HUSBAND (or) WIFE	of	orced			22. Zun		Y CERTIF		
6. DATE OF BIR	RTH (month, da	y, and year)	Nov. 9	1935		alive on		, 19	; death is sald
7. AGE Still	Years	Months	Days	If LESS than 1 day,hrs. ormin.		AL CAUSE OF DEA	ted above, at 3:50		1
8. Trade, p	rofession, or p of work done YYER, BOOKKE	articular , as SPtNNER, EPER, etc			Pen	· la	- ah-	D-4-	Date of onset
NOOLE WORLD	or business i k was done, as / MILL, BANK,	n which SILK MILL, etc							
- (1110	ceased last wo occupation (mo	onth and	sper	me (years) nt in this pation				•••••	
12. BIRTHPLAC	E (city or town)	Cumb	erland.	(d.,	Other Contril	butory Causes of im	portance:		
13. NAME		Paul La	nn o n			***************************************			
	LACE (city or to te or country)	own)		Mg.					
15. MAIDEN	NAME P	earl Gi	lpin				uses (VIOL ENCE) fill		
0 16. BIRTHPI	LACE (city or to te or country)		vland		Accident, suic			Date of Injury	, 19
17. I NFORMANT (Address		rial Ho	spital				(Specify city or in INDUSTRY, in HO	town, county and Sta ME, or in PUBLIC P	ate) LACE.
Place			Sate Mr	09,1995	Manner of Inj				
19. UNDERTAKE		nems	regel A	I med		se or injury in any	way related to occupa		
20, FILED. 20.	w9.	1975	Patra	Registrar.	(Signed)	Address) 4	shew a	76	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car	1 week ago	
Run over by street car		
	1 week ago	
Peritonitis	3 days ago	
Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

AGE should be stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	5
1. PLACE OF DEATH	(31) No. 51	Ces
County allegany	Registration Dist. No.	
Village or City		Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth?yrsmos	ds.
(a) () (In the long in 0.3.11 of lotergin bitting	us.
2. FULL NAME Comes M X7 re	ffilk	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give eity or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (while the word)	21. DATE OF DEATH (Month) (Day) (Yes	ar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That I attended deceased	a t
6. DATE OF BIRTH (month, day, and year) afail 14-1858	I lawsew her alive on 7700. 26 , 1935; death	is sald
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 1. 10. If m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of	lanast
8. Trade, profession, or particular	S	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and snant in this	Myocardisis, Chrone Wake	Sur
SAW MILL, BANK, etc	Reference like	100
O 10. Date deceased last worked at this occupation (month and year)	Other Contributory Canses of Importance;	
12. BIRTHPLACE (city or town) (State or country)	Control Control of Importance.	
	54.4	
I Juny J	750	
[14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an autopsy?	
	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in elso the following:	
E TOTAL STATE OF THE STATE OF T	Accident, suicide, or homicide? Date of injury 19.	
O 16, BIRTHPLACE (city or town) (State or country)	Where did injury occur?	
17. INFORMANT Miss Mary & siffit	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,	
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury	
Place allegang Com. Date Dec 1 ,1935	Nature of Injury	
TO LINDEDTAKED	24. Was diseese or injury in any way related to occupation of deceased?	
19. UNDERTAKER (Address)	If so, specify A A A A	
1/30 ST O.R. Halken	(Signed) Cle Wolles Jr	_M. D.
20. FILED Registrar.	(Address) Thorlang Oral,	

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 6 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

2	RECURD. Every item of infor-	. PHYSICIANS should state	Exact statement of OCCUPA-	
THE PROPERTY OF THE PROPERTY O	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	N. BWRITE PLAINLY,	mation should be care	CAUSE OF DEATH i	TION is very importa

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12623
1. PLACE OF DEATH	(56-0)
County Allegary WITHIN CORPOR	ATE LIMITS Registration Dist. No. 44
Village or City Colombaland.	No. 315 Rare St 6-2 Ward
Length of residence in city or town where death occurred 20 yrs. Amos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Inlia agnes In	elltonom nortere
(a) Residence No. 313 Race	St.,6 - 2 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thill & Sullarmson	22. HEREBY CERTIFY that I ettended deceased from
6. DATE OF BIRTH (month, day, and year April 2 1877	Hast saw h. Live on Word - 1930 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
58 7 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Influentary artherets ; acute July 143
9 Industry or business in which	Awation: sey speeks. Unite streptococke
work was done, as SILK MILL, SAW MILL, BANK, etc.	Int o Cluba
11. Total time (years) this occupation (month and year)	not a relumation inflammatory infactions
10/1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13, NAME John Pridles I am	
14. BIRTHPLACE (city or town) Oldham	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an eutopsy
15. MAIDEN NAME Physbeth Barth	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or fown) Oldtram	Accident, suicide, or homicide? Date of injury, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT TILL & SALVENDEN (Address) Oldson & d.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mahrim And. Dete Mrv 12,1935	Nature of injury
19. UNDERTAKER Lomis Stein Inc. (Addiess)	24. Was disease or injury in any war related to occupation of deceased?
20. FILED LOW !! , 1935 Jan P. Franklin M.A. Registrar.	(Signed) A Cloby M.D. (Address) A S Va Alk Camberland mil
	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
	, — , — , , , , , , , , , , , , , , , ,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

TION is very important. See instructions on back of certificate.

of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	92-20
County Allegany	A Registration Dist. No.
Village or City Confileer Chand	No. 410 Assing dale St.6 - 2 Ward feath occurred in a hospital or justitution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	sds. How long in U.S. if of foreign birth? yrs. mos. ds.
11/04/11	a ger
(a) Residence: No. 410 Spring Cale (Usual place of abode)	St., 6 - 2 Ward. If nonresident give city of town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OK DEVORCED (write the word)	21. DATE OF DEATH 1011 . 14
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Hallie Siper	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTII (month, day, and year)	I lest saw h was alive on Those 14 1937 death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8 Trade profession or particular	milias monthiceming Date of one of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	mysearded algentration 11/35
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (work) and	
11. Total time (years) this occupation (more and and spent in this	
this occupation (more and year) spent in this 30 occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
E courses fruj	
4. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of
15. MAIDEN NAME MANY Shiteshow	What test confirmed diagnosis? Was there an autopsy? ///
16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Jas Hallie Hager (Address) Comberland and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place one Hill Cauce Date Nov 17, 1935	Nature of Injury
19. UNDERTAKEB Towing Staire Lucy	24. Was disease or injury in any way related to occupation of deceesed?
(Addressenberfound, and.	If so, specify
20. Pyro a) / b, 1932 / a / Charles M. Registrar.	(Signed) M. D. (Address) 22 Va. Alle Caral and Alle
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 7 1935			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE I	FOR FUR	THER S	TATEMENTS	BA	PHYSICIAN	

V. S. No. 1

ż

STATE OF	MARYLAND—CERTIFICATE OF DEATH	12625
----------	-------------------------------	-------

1. PLACE OF DEATH CORPORA	150
1. PLACE OF DEATH OCHPORATE LIMITS OF	Registration Dist. No.
Village or City Lanaconing	NoSt.,Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?mos,ds.
2. FULL NAME Charles & Hoilan	1 ,
	A J. If U.S. Veteran specify WAR.
(a) Residence: No. Landoning Md (Usual place of mode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORGED (write the word) OR DIVORGED (write the word)	21. DATE OF DEATH 900. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from 22. 1925, to 10.27 19.35
6. DATE OF BIRTH (month, day, and yeer) Nov. 22 1935	
7. AGE Yeers Months Deys If LESS than	to heve occurred on the dete steted above, at
8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	were as follows: Date of one of the state o
SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 20. Date deceased last worked at this occupation (month and the state of	*
SAW MILL, BANK, etc	
O 20. Date deceased last worked at this occupetion (month and year)	}
12. BIRTHPLACE (city or town) Maryland (State or country)	Other Contributory Causes of Importence:
13. NAME Charles E. Heiland	
13. NAME Charles & Heiland 14. BIRTHPLACE (city or town) Mary Land (Stete or country)	Name of operation
E 15. MAIDEN NAME LEAN MOTON	What test confirmed diagnosis?
15. MAIDEN NAME Jean Morton 16. BIRTHPLACE (city of town West Wingimia (State or country)	Accident, suicide, or homicide?
17. INFORMANT MAS Joseph morton (Address) Lanconing, and	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL PROSILIS CENSETERY Date Mov. 23, 1935	Menner of injury
19. UNDERTAKER Mi Cichhom (Address) Linacaning Mil	24. Wes disease or injury in any wey related to occupetion of deceesed?
20. FILED 1/22 , 1935 Dr. E. Ore de Jlosse Registrar.	(Signed) Hong h. Hongan M. D. (Address) Longue and M. D.
If more block and all the control of	N. C. J. C. P. J.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	0 2 3 8
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

B

MOTHER

18. BURIAL, CREMATION, OR REMOVAL

Nov.

18,35

19. UNDERTAKER

(Address)

state

item of inforplnous

STATE OF MARYLAND— 1. PLACE OF DEATH County Village or City Village or City Length of residence in city or town where death occurred 2 yrsmos.	Registration Dist. No. No. No. death occurred in a horbital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Nama Jean 1	Lendra
(a) Residence: No. A Story Store Rose (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Fem 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word) Single	21. DATE OF DEATH Nov. 8
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from Nov. 18 ,1935, to Nov. 18 ,1935
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	I last saw h e live on
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	Form of congenital Poart desease : Periodis ouriellar fluttes, with myocardial fail-
SAW MILL, BANK, etc	wee. Que & De.
12. BIRTHPLACE (city or town) Start Md (State or country)	Other Contributory Causes of Importance: Pulmonary & Lesne 4/18/3)
13. NAME 11. NAME 11. September 14. BIRTHPLACE (city or town) Jernary (State or country)	Name of operation Date of What test confirmed diagnosis? Exam: Westhere an au'opsy? Za

(State or country) 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?__ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE 17. INFORMANT

Manner of injury

If so, specify

(Signed) (Address)

24. Was disease or injury in any way related to occupation of deceased?

(Specify city or lown, county and State)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of cpilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonilis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of cpilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

-WRITE PLAY

TION is very important. See instructions on back of certificate.

STATE C	OF MARY	YLAND-	CERTIFICAT	E OF DEA	TH	12627
1. PLACE OF DEATH	11		(159)			1
County AMM				Registration	Dist. No	_/
Village or City UL CLO	y	(1	No. f death occurred in a horpital or	institution, give its NAM	St.,	Ward
Length of residence in city of town where	death occurred	yr4mo	sds. How long In U.	S. if of foreign birth?	YIS	mosds
2. FULL NAME	ant	Son	- House			
(a) Residence: No.	own		St., Ward.			
	(Usual place of			If nonresident	give city or town	and State
PERSONAL AND STATIST	CAL PARTIC	CULARS	MEDICA	L CERTIFICATE	OF DEATH	4
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARK OR DIVORCED	RIED, WIDOWED,	21. DATE OF DEA	THE TOUR	1	193
5a. If married, widowed, or divorced	1000			(Month)	(Day)	(Year)
HUSBAND of (or) WIFE of			Del HERE	BYSERTIF	Y. That I attend	ded deceased from
6. DATE OF BIRTH (month, day, end year)	0431	-1935	I last saw h elive o	on how-	(death is said
7. AGE Years Months	Deys	If LESS than	to have occurred on the date	e stated above, at	/m,	
		I day,hrs.	The PRINCIPAL CAUSE OF were as follows:	DEATH and related cause	es of importance	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.						Date of onset
			Treme	elma		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc					,	
O 10. Date deceased last worked at	11. Total tin	ne (years)				
this occupation (month and year)	spani	tin this pation				
12. BIRTHPLACE (city or town)	un		Other Contributory Causes 0	f importance:		
# 13. NAME (has)	2110	2				
14. BIRTHPLACE (city or town)	Lula.	-0		10		
14. BIRTHPLACE (city or town) (Stete or country)	www.vie	md	Name of operation	Climul	Date of	7
IS. MAIDEN NAME Alle	Hants	011	What test confirmed diegnos			an autopsytu)
16. BIRTHPLACE (city or town) Old	Trun	4	23. If deeth was due to extern Accident, suicide, or homicid	000		
(State or country)			Where did Injury occur?	6: L	ate of injury	, 19
17. INFORMANT Character (Address)			Specify whether injury occur	(Specify city or red in INDUSTRY, In HO	town, county and S ME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL	- M					
Place Nartly Clin	Date MW	3,1935	Manner of Injury	~~~~~~~~~~~~		
19. UNDERTAKER J. A. B	utles		Nature of injury 24. Was disease or injury in	any way related to occupa	tion of deceased?	nd
(Address)	land,	ma	If so, specify	* 12 183		
20. FILED MOV 2 , 13.5 - Ca	nie a. 61	homholt Registrar. 3	(Signed) (Address)	m	me	M.D.
If more b	lanks are needed, ad	dress State Registrar,	2411 N. Charles Street, Baltimor	e, Requesting V. S. No.	1.	ud-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 6 1930	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SUSEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			<u> </u>	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------------	---------	------------	----	-----------

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

should be carefully supplied.

N. B.-WRITE PRAINLY, mation

item of infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH

12628

1. PLACE OF DEATH	12
· County alleghany	Registration Dist. No.
Village or City And '	No. St., Ward
19	If death occurred in a hospital or institution, give its NAME instead of street and number)
	now long at 0.5. If of foreign until
2. FULL NAME hagles, Harrell	The same of the sa
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWEO,	21. DATE OF DEATH
M. OR DEVORCED (write the word)	(Month) (Oay) (Yeer)
5e. If married, widowed, or divorced HUSBANO of	
(or) WIFE of Mary ann Howell	22. I HEREBY CERTIFY, That I ettended decessed from
6. DATE OF BIRTH (month, day, and year) 2 4. 18, 1857	llest saw have elive on Vor 18 1935 deeth is se
7. AGE Years Months Deys If LESS then	to have occurred on the date stated above, at 9.30 Cm.
68 0 . 25 ldey,hrs	Tha PRINCIPAL CAUSE OF OEATH end related causos of Importanca
Trada profession or particular	1 trast failure dur Oate of onse
kind of work dona, as SPINNER, Muner SAWYER, BOOKKEEPER, etc.	an fallally of brouded
kind of work done, as SPINNER, Musee SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed lest worked at this occupation (month and this preparation for this securation (month and this preparation for this securation (month and this preparation for	allino
10. Date decessed lest worked at 11. Total time (yeers)	
this occupation (month and spant in this system) occupation	2)
12. BIRTHPLACE (city or town) Saiton md	Other Coatributory Causes of importence:
(State or country)	_
13. NAME Jofferson Horsell	/
14. BIRTHPLACE (city or town) Purk Lineari.	Name of operation Data of
(Steed of Country)	What test confirmed diagnosis? Was there en eutopsy?
15. MAIOEN NAME Planett Moore	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) // / / / / / / / / / / / / / / / / /	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Miscory mo Date Nov. 13, 1935	Neture of injury
VO HUDGOTANER A S. Boal	24. Was diseesa or injury In eny way related to occupetion of deceased?
19. UNDERTAKER (Address) Daton mod	If so, specify
20 FILEO D. 14 19 30 S. Q. Boucher	(Signed) Hang to Hadge M.
Registrar.	(Address) Lonaling &nd:
If more blanks are needed, address State Registra	r, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Arteriosclerosis Chronic interstitial nephritis DEC 5 1995	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------	--------	---------	------------	----	-----------

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH				or bertiii	
County allege	****		40/	Registration Dist. No.	5
Village or City Cred	of Park	/	No. Valley Vie	on, give its NAME instead of street	Ward
Length of residence in city or town v	where deeth occurred 8 yrs	smos.	/1	foreign birth?yrs	
2. FULL NAME BA	dget be	celia	Hughes		
(a) Residence: No. 6.	(Usual place of abod	de)	St., Ward.	If nonresident give city or town	and State
PERSONAL AND STAT	ISTICAL PARTICUL	ARS	MEDICAL CE	ERTIFICATE OF DEAT	H
Jemale Whit	S. SINGLE, MARRIED, V OR DIVORCED (write Married)		21. DATE OF DEATH	Month) (Day)	193 <u>5</u> (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Palaricle	Henry H	ugher		CERTIFY, That I atten	ded deceased from
6. DATE OF BIRTH (month, day, and year)	alss, 2.4), 18.	86	I last saw h & T alive on (1	death is sai
7. AGE Years Mont	hs Days If	f LESS than	to have occurred on the date steted	labove, at 1 a.m.	
49 6		ay,hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	H and related causes of importance	1
8. Trade, profession, or particular kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc	41 1-	arls	Odero Pareino	ma 87/1/2ms	Date of onse
9. Industry or business in which	at Hom	e			
SAW MILL, BANK, etc	3.5 11. Total time (ye spent in the occupation	nis	Other Contributory Causes of impo	rtance :	
12. BIRTHPLACE (city or town) (State or country)	und				
II 13. NAME John	grimes				
14. BIRTHPLACE (city or town)	July Cla	ure	Name of operation	Dete	of an autopsy? Ze
15. MAIDEN NAME Bridge	et Becilia Do	ugan	23. If death was due to external caus	ses (VIOLENCE) fill in also the follo	
16. BIRTHPLACE (city or town)		0		Date of injury	
(State or country)	Ireland		Where did injury occur?		
17. INFORMANT Jatric (Address) Nati	la Aughe	20)	Specify whether injury occurred in	(Specify city or town, county and INDUSTRY, in HOME, or In PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	4 4		Manner of injury		
Place St ambrose Ce	weller Dete 1004	4 , 1935	Nature of injury		
19. UNDERTAKER ACOL	Hafer	ud:	24. Was disease or injury in eny wa	ty related to occupation of deceased	7 700
20, FILED /1/2/ , 19 5/1	Merina	'n'	(Signed) Lather	1 topings	M.
		Rekistrar.	(Address) 40 /	a closed at	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

-WRITE PLAR

N. B.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

be

CAUSE OF DEATH in plain terms, so that it may

UNFADING INK-THIS IS A PERMANENT REC

ARGIN RESERVED FOR BINDING

Exact statement of OCCUPA-

RD. Every item of infor-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	į	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUMBALL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	I RECORD. Every i	Y. PHYSICIANS	Exact statement	
FOR BINDING	IS A PERMANENT	stated EXACTL	properly classified.	certificate.
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAIMLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	WRITE PLAKE	nation should be	CAUSE OF DEAT	TION is very impo

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12630
1. PLACE OF DEATH	(97)
County (leggpy)	Registration Dist. No.
Village or City 2 Milana	No. St. Ward
Langth of rasidance in city or town where death occurred mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME William 7. 9	fres
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (grite the word)	21. DATE OF DEATH 30 (Month) (Day) (Year)
5a. If marriad, widowed, of divorced HUSBAND of (or) WIFE of Javan	1 HEREBY CERTIFY. That I attanded decaesod from 1930, 1930, to 20, 1935
6. DATE OF BIRTH (month, day, and year) Office 19/863	I last sach alive on May 30 , 1935; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, atm The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance ware as follows:
8 Frade, profassion, or particular kind of work dona, as SPINNER Charly Carly Nune SAWYER, BOOKKEEPER, atc.	e arteris Seleisers
kind of work dona, as SPINNER SAWYER, BOOKKEEPER, atc. Industry or business in which work was dona, as StLK MILL, SAW MILL, BANK, etc 10- Date dacaased last workad at this orgunating (month and	
O 10. Date dacaased last worked at this occupation (month and year)	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or lown) (State or country)	
13. NAME Control	
13. NAME CONTROLL 14. BIRTHPLACE (city or town) Conference (Stata or country)	Name of operation Data of What tast confirmed diagnosis Clark Was there an autopsy?
15. MAIOEN NAME Fra Ellen Jostes 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in atso the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicida?, 19, 19
17, INFORMANT (Address)	Whera did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placa Gorter Com. Oate Ac. 3, 1935	Manner of injury
19. UNOERTAKER Joseph Haler (Addrass) Favol burd Zud	24. Was disease or injury in any way related to occupation of dacaased?
20. FILED // 1935 G. R. Frach. Registrar.	(Signad) M.D. (Address) A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	- i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitud nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage FC 6 1933	July 5,1927	Perilonitis	3 days ago
AHOPAN V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

SIAIL OI	MARTLAND	CERTIFICATE OF DEATH	AUDI
1. PLACE OF DEATH	WITHIN CORP	ORATE LIMITE (8)	1
County (Illegany)	A	Registration Dist. No.	
Village or City	land, Md (1)	No. St., St., St., St., St., St., St., St.	Ward
Length of residence In city or town where deat	th occurredyrsmos	d.ds. How long In U/S. if of foreign birth?yrsmo	sds.
2. FULL NAME Jance	Kelly	If U.S. Veteran specify WAR.	
(a) Residence: No. Lung	(Usual place of abode)	St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-4-1
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (wife the word)	21. DATE OF DEATH NOV. 27 (Month) (Day)	, 193 (Year)
5a. If markiad, widowad, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended of	
6. DATE OF BIRTH (month, day, end year)	61-24 1913	7	; death Is said
7. AGE Yeers Months	Days If LESS than	to have occurred on the dete stated above, at the median m	
22 2	3 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:	Date of onset
Trade, profession, or particular kind of work dona, es SPINNER Ha	times	meningo co cele menensi tis	11-8-3
kind of work dona, es SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILE, SAW MILL, BANK, etc. 10. Date daceesed last worked et this occupation (month end			
10. Date daceesed last worked et this occupation (month end year)	11. Total time (years) spent in this occupation		
	1	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	ya)	-	
	Ver		
E	1	Neme of operation hours	
14. BIRTHPLACE (city or town)	70	What test confirmed diegnosis? The bons for Was there en a	utonev? 240
15. MAIDEN NAME Ette B	iser	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Stee S	15/	Accident, suicide, or homicide? Dete of injury	
∑ (State or country)	10	Where did injury occur?	
17. INFORMANT Jack Keller (Address) Juiget	to selle) - 1/10)	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ICE.
18. BURIAL, CREMATION, OR REMOVAL	1	Manner of injury	
Proposed of the Short	Date / 2 8,1935	Nature of Injury	
19. UNDERTAKER P. E. Thrus (Address) Thouse	all you	24. Wes diseese or injury in any way related to occupation of deceased?	lo
20. FILEDAN 29, 1932 Jack	Petranka mx	(Signed) in the of green	M. D
	Registrar.	(Address) 40 M. A. D. M.	
If more bla	inks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	Pim.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	-1-1	Example II	
The principal cause of of importance were as	death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DEC 7 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	ELLEPHI V. S.	July 5,1927	Peritonitis	3 days ago
1		=27		
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				100000

state OCCUPA

PHYSICIAN

Exact

classified.

properly

jo back may

no

instructions

important

OF

CAUSE mation TION

-WRITE

ğ

S. No. 1

that

supplied plain terms,

efully

Jo should

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	#	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1 355	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	ACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---------------	-------	-----	---------	------------	----	-----------

No. 1

802

state pluods Jo PHYSICIANS Every statement CORD. Exact PERMANENT CTL classified. 田 certificate, properly stated THIS Jo may plnods that UNFADING supplied plain terms. efully i. be care DEATH pluods OF WRITE CAUSE mation LION

18. BURIAL, CREMATION.

20. FILED.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth?____ Length of residence in city or town where death occurred 2. FULL NAME (a) Residence: No If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTLEY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day and year) If LESS than 7. AGE Years Months Devs 1 day,____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____min. Date of enset 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, atc.. back Industry or business in which work was dona, as SILK MILL SAW MILL, BANK, etc ... 10. Data deceased last worked at on 11. Total time (years) this occupation (month and spant in this 5 occupation ___ instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13, NAME See 14. BIRTHPLACE (city or town Nama of operation. (State or country) What test confirmed diegnosis L Was thera an autopsy? MOTHER 15. MAIDEN NAME important 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 17. INFORMANT (Address)

--- 19_7_5 Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed)...

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

Manner of injury

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	Zaumpies.
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC 6 1975	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY	SPACE F	OK	FURTHER	STATEMENTS	ВΥ	PHYSICIAN
--	---------	----	---------	------------	----	-----------

PHYSICIANS should state

stated EXACTLY.

AGE should be

certificate.

See instructions on back of

Exact statement of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

ILAND	CENTILICATE OF	DLA
	DODETE I IMITO (149-2)	
- LILL OOD	1914 1918 1919 1919 1919 1919 1919 1919	

1. PLACE OF	DEATH		OODS	ORATE LIMITS (149-0)	
County	Allegany	₩	ITHIN CORP	Registration Dist. No.	
Village or Cit	y Cumberl	and	(16	No. Memorial Hospital St. V death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
Length of resid	ence in city or town where d	feath occurred	yrsmos	the state of the s	ds.
2. FULL NAM	E Katheri	ne Lear			
(a) Residence	e: No. La Va	le Md.	of abode)	St., Ward. If nonresident give city or town and State	
PERSONA	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Female	4. COLOR OR RACE White	OR DIVORCEI	RIED, WIOOWED, O (write the word) ried	21. DATE OF DEATH November 24, 193 5 (Month) (Oay) (Yeal	
5a. If marriad, widowe HUSBAND of (or) WIFE of	d, or divorced Franklin L	ear		22. I HEREBY CERT1FY, That I attended deceased	
6. DATE OF BIRTH (n	nonth day and year)	eb. 19.	1902	1 last saw h = 3 alive on Nov 24 , 1935; death is	Q.
7. AGE Years		Oays 5	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 123 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	, sary
9 Trada profesa		Housewi	fe	were as follows: I whomomy the beat moles 11:2 with acute distation of the heart	7/5
10. Date deceased this occupa	done, as SILK MILL, , BANK, etc		me (years) t in this pation		
12. BIRTHPLACE (city (State or count	0. 10.11/	yland		Other Contributory Causes of importance: Post of section	
13. NAME	William Smi	ith		January gualion	
13. NAME 14. BIRTHPLACE ((State or c	city of toming	Maryland		Name of operation Casara Date of 11:25 What test confirmed diagnosis? Alasaid Was there an autopsy?	
15. MAIOEN NAM	E Elizab	neth Kin	Ø	23. If death was due to external causes (VIOLENCE) fill in also the following:	× 0
15. MAIOEN NAM 16. BIRTHPLACE ((State or c	city or town)	W.Va.		Accident, suicide, or homicide? Date of injury, 19	
17. INFORMANT	Franklin. Cumberla			(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATIC	ON, OR REMOVAL	Date NOV .	26.19.35	Manner of Injury	
19. UNOERTAKER (Addiess)	John.C.W Cumber	olford land. M	đ	24. Was diseese or injury in any way related to occupation of deceased? No	
20. FACEDOOU.	25 1935	Athund	hon, 2nd Registrar.	N ** * * * * * * * * * * * * * * * * *	M. O.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 weck ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
1	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

4	te	<u>ن</u>	
info	sta	UP	
em of infor-	plno	000	
item	sho	Jo.	
ery	NS	ent	
. Ev	ICLA	tem	
AD.	IXS	sta	
BC	PI	xact	
TR	X.	田	
NEN	LI	fied.	
MA	A	lassi	
ER	田田	y c	te.
A I	ted	per	tifica
SIS	sta	pro	cer
HIS	l be	be ,	to a
j	pluo	may	back
K	E sh	t it	no
DN	AG	tha	ions
ADI	d.	8, 80	ruct
NF	pplie	erm	inst
WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	refully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	tant. See instructions on back of certificate.
VIT	fully	ı pla	ıt.
	rei	.=	tar

STATE OF MARYLAND—CERTIFICATE OF DEATH

12635

1. PLACE OF DEATH	8		
County allegaugeTHIN	CORPORATE LIMITS Registration Dist. No.		
	No. 3 4/8 Balto Cost, 5 War (If death occurred in a Mospital or institution, give its NAME instead of street and number)		
Length of residence Th city or town where death occurredyrsm	nosds. How long in U.S. if of foreign birth?yrsmosd		
2. FULL NAME Illearn herko	If U.S. Veteran specify WAR		
(a) Residence: No. 3 4 2 Betto av (Ususiplace of abode)	St., O Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DITORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. J HE/REBY CENTIFY That Hattended deceased Han		
5. DATE OF BIRTH (month, day, end year) Nov 18" 1935	, 19 , to , 19 , 19		
7. AGE Years Months Days If LESS then	- 1		
1 day,hr	I the I KINCII AL CAOSE OF DEVIII and related causes of imbarrance		
8. Trade, profession, or particular	were as follows:		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1. 1		
9. industry or business in which	6/1/11/0000		
work was done, as SILK MILL, SAW MILL, BANK, etc			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and spentin this			
year) occupation occupation	Other Contributory Causes of Importance:		
12, BIRTHPLACE (city or town) lembertand The			
(State or country)			
13. NAME to e de sho 14. BIRTHPLACE (city or town) Blandburgh to	2		
14. BIRTHPLACE (city or town) Blandburgh 10	Name of operation Date of		
(State of country)	What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME alice Elizabeth Balogs 16. BIRTHPLACE (city or town) Die German Ships a	23. If death was due to external causes (VIOL ENCE) fill in also the following:		
16. BIRTHPLACE (city or town) Din German ships a	Accident, suicide, or homicide? Oate of injury19		
(State or country) Midscean	Where did injury occur?		
17. INFORMANT alice Elizabeth Balo ghose (Address)	(Specify or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
Place Date Nov 19,193.	Manner of injury		
19. UNDERTAKER See See See See See See See See See Se	24. Was disease or injury in any way related to occupation of deceased?		
20. FURTHER 19, 1935 John Frankley D. Registrar.	(Address) Currents md.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	REGEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DEC 7 1935	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.			· · · · · · · · · · · · · · · · · · ·	
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

of OCCUPA-

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be -WRITE PLAINLY,

JARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	0	0	9	10
J.	2	()	J	1)

1. PLACE OF DEATH County Allegany	WIT	HIN CORPO	RATE LIMITS Registration Diet No.
Village or City Cumbe	rland	(1)	Registration Dist. No. No. Memorial Hospital St. Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Thomas (a) Residence: No. Lona	Marley		St., Ward.
PERSONAL AND STATIST			If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MAR	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH November 15, (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of LAURA MC	RRIS		22. I HEREBY CERTIFY, That I attended deceased from 1935, to 15-1935
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 46	MARYLAI Days	If LESS then 1 day,hrs.	to heve occurred on the date steted above, at 7.25 P. am. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNERU SAWYER, BOOKKEEPER, etc	11. Total ti		Grennoma (XIII) Weight
12. BIRTHPLACE (city or town) MARYI (State or country) Language THOMAS MARI			Other Contributary Causes of importance:
14. BIRTHPLACE (city or town) IRE (State or country)	LAND		Neme of operation 22 Date of What test confirmed diagnosis? 4 Matheman autopsy? W.S.
16. BIRTHPLACE (city or town) IRE (Stete or country)	FARLAND LAND		23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT MEMORIAL H (Address) CUMBERL 18. BURIAL CREMATION, OR REMOVAL	AND, MAI	RYLAND 18,1935	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury
19. UNDERTAKER / Such (Address) and	Por Com	Blue M Registrar	24. Wes disease or Injury in any way related to occupation of deceased? If so, specify (Signed) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	ye a see	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Cerebral hemorphose	1921	Run over by street car	1 week ago	
Cerebral hemorrhage DEG 7 1933	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN					

PHYSICIANS should state Exact statement of OCCUPA.

AGE should be stated EXACTLY.

properly classified.

certificate.

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

mation should be carefully supplied.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	942
County allegheny	Registration Dist. No.
Village or City Tyke Cooled	NpSt.,Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2 2	os. ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Mo Vamantha Hillery	Tatlicip
(a) Residence: Np. Tyc Coole (St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Washer	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of VLC C. MCCLLL	22. / I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Auly 16. 1869	1 last saw here alive on Now 6 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et _ 2m.
66 3 20 1day, hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows:
8 Trade profession or particular	Circhal Hemorrhage. Suptis
Kind of work done, es SPINNER, Hausen	list.
9 Industry or business in which	Mus No 3 x
work was done, es SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	
year) occupation	Dither Contributory Causes of importance:
12. BIRTHPLACE (city or town) 2/21 Budge	Pulmmary and pornory
(State or country)	- Lmdolyman /
13. NAME andrew W. Cer	
13. NAME andrew W. See 14. BIRTHPLACE (city or town) Bed ford Co.	Name of operation
(State or country)	What test confirmed diagnosis? Was there en autopsy? 224_
15. MAIDEN NAME Elary C. Victory.	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Wary 6. Vickray 16. BIRTHPLACE (city or town) Hindman	Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT This ada Lee Mathich	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, DR REMOVAL Quiens P.T. Cesses tery	Manner of injury
Place Keyser, W. 14 Date nong. 9 , 1923	
19. UNDERTAKER J HM ONRWOOD Four	24. Was disease or Injury In any wey releted to occupation of deceased?
20. FILED NOV-9, 19 35 10 he har?	(Signed) M.D.
Registrar.	(Address) Payses Fr. La.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritist	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
050 2				
Other contributory causes of importance:		Other contributory causes of importance:	Salar I	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

AARGIN RESERVED FOR BINDING

item of infor-	s should state	of OCCUPA-	
RECORD. Every	7. PHYSICIANS	Exact statement	
A PERMANENT	ted EXACTLY	perly classified.	ificate.
SI SINK—THIS IS	GE should be sta	hat it may be pre	ns on back of cer
VITY UNFADING	ully supplied. A	plain terms, so t	t. See instruction
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	IION is very important. See instructions on back of certificate.

1. PLACE OF DEAT		OF MAR	TLAND—	CERI	IFICATE	OF DE	AIH	14038
County all	egm	The Co	L 117	Sor	(60-5)	Registratio	on Dist. No.	1
Village or City	Hrott	mg		No.	men	the	ME instead of street ar	War
Langth of residence in cit	ly or town where	death occurred					yrs	
2. FULL NAME	Beh 1	Zon me	Ulu	If 1	U.S. Veteran apecif	y WAR		
(a) Residence: No	100			St.,	Ward.			1117
	_	(Usual place		u .			ent give city or town	
PERSONAL AN		1				ERTIFICA	TE OF DEATH	
3. SEX 4. COLO	R OR RACE		RIED, WIDOWED, D (write the word)	21. DAT	E OF DEATH	(Month)	16 (Day)	, 193 5 (Year)
HUSBANO of (or) WIFE of	rced			22.			FY, That I attand	
DATE OF BIRTH /		2 16	- 75	Linet naw h			, 19	
6. DATE OF BIRTH (month, day 7. AGE Years	Months	Days	If LESS than		curred on the data stat		1.4	; death is sa
			1 day,hrs. ormin.		IPAL CAUSE OF DEA		/ 6	Date of once
8. Trade, profassion, or pa kind of work done, SAWYER, BOOKKEE	rticular as SPINNER,			(a	relial of	my	May	
skind of work done, s SAWYER, BOOKKEE 9. Industry or business in work was done, as S SAW MILL, BANK, e	which	1		/	at for	th.	Junes	
10. Date deceased last wor this occupation (mor year)	ked at	11. Total ti	ma (years) nt in this					
12. BIRTHPLACE (city or town). (State or country)	Fro	elbur	7	Other Cont	ributery Causes of imp	ortance:		
1 11	u pros	ulles						
13. NAME 14. BIRTHPLACE (city or to (State or country)	wn)_Wla	termpo	N				Oate of	
15. MAIOEN NAME	Helon	ie ha	lone) fill in also the follow	
15. MAIOEN NAME 16. BIRTHPLACE (city or to	wn)	undans	1				Date of injury	
E (State or country)				Where did i	injury occur?	(\$'(16	
7. INFORMANT	estern	nd my	165	Specify who	ether injury occurred i	in INDUSTRY, in	or town, county and S HOME, or in PUBLIC	PLACE.
8. BURIAL, CREMATION, OR R	1 V	Date Now	17 1025	Manner of				
· late Jet of the	The state of the s	Date of U. U.			njury			
9. UNOERTAKER 1	Par.	me		H		vay related to occ	cupation of deceasad?_	
20. FILED 16	25 J	21801	alher	If so, speci (Signe	1-1-0	fred ?	In Orn	-3M.
			Registrar.		(Address)	2001/1	my. Ms	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial hephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage DEC 6 1855	July 5,1927	Peritonitis	3 days ago	
BUDIAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:	4-9	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12639
1. PLACE OF DEATH	(81)
County Allerany	Registration Dist, No.
Village or City Froatland	No. Munero Hospital St., Ward
Length of residence in city or town where death occurred	f death occurred in a hospital or institution, give its NAME instead of street and number) ds., How long In U.S. if of foreign birth yrs
2. FULL NAME Lolores aques	Miller
(a) Residence: No. 1/2 3 W. W. Din (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY. That t attended deceased from
£00.2 inco	I last saw her elive on 1975; death is said
6. DATE OF BIRTH (month, day, end year) 1922 7. AGE Yeers Months Deys If LESS than	to have occurred on the dete stated above, et/o **/P m.
13 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance
2 Trade profession or particular	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, School Chief	Burn of entrad bode 25
SAW MILL, BANK, etc. 10. Date deceased last worked et lil. Totel time (years) 11. Totel time (years) 12. Date deceased last worked et lil. Totel time (years) 13. Date deceased last worked et lil. Totel time (years)	1 /235
10. Date deceased last worked et this occupation (month end year) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Frostung (State or country)	Other Contributory Causes of Importance:
13. NAME John C. Willer. 14. BIRTHPLACE (city or town)	Name of operation Qete of
(State or country) Germany	What test confirmed diegnosis? Clark Fund. Wes there an eutopsy?
15. MAIOEN NAME Aunil M. Couldon 16. BIRTHPLACE (city or town) Woscow (State or country)	23. If death was due to externel causes (VIOLENCE) fill in elso the following:
o 16. BIRTHPLACE (city or town) Woscoup	Accident, suicide, or homicide le calle Date of Injury 19725 1935
State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT John G. Willes	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE ST. Webaels Oate 7 . 28, 1935	Manner of injury fight gaven ignited by gas to
19. UNDERTAKER Jacob Hafer	24. Was disease or injury in any way related to occupation of deceased?
(Address) / Fronting Turk.	If so, specify (Signed) 41070 4 9 M. I
20. FILEO 19 11/11 1 1 Registrar.	(Address) Frank Besse ffra
If more blanks are needed address State Registrar	2411 N Charles Street Belinnara Paguetting 71 S No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I	İ	Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DEC 6 1935	July 5, 1927	Peritonitis	3 days ago	
	ATT V. S.				
Other contributory	causes of importance.		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	---------	-----	---------	------------	----	-----------

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-CER	TIFICATE OF	DEATH	12640
----------	--------------	-------------	-------	-------

1. PLACE OF DEATH		OFO
County allegances	Registration Dist. No.	
Village or City Frontbelog	No. Mules Hospital St., if death occurred in a hospital or institution, give its NAME instead of street and i	Ward
Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsm	
2. FULL NAME Robert Burton mil	ne	4-7
(a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or towy and	Sinle
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (we the word)	21. DATE OF DEATH November 16	, 193 .5
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended	deceased from
(or) WIFE of	1/07 en 60 13 , 1035, 10 1/08 ember	
6. DATE OF BIRTH (month, day, end year) dee 32-1876	I last saw htm elive on havember 16, 1935	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
58 10 34 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	,
8: Trade profession or particular	En sito clas	Date of onset
SAWYER, BOOKKEEPER, etc. 1. Fills represented	ie /	molicato
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and 2)	V	Dam.
SAW MILL, BANK, etc		12011-25
this secapation (month and)		- I - SAVARALIT -
year) occupation	Other Coutributory Causes of importance: _ Chrouse	.61
12. BIRTHPLACE (city or town)	Interestital nep hules and	Met Tuesto
(State or country)	myo cardelis	
13. NAME Denf. C. Milnen	1	
13. NAME Denty C. Milnen 14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Was there an e	eu opsy?
15. MAIDEN NAME Martha 7. Brown 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill In elso the following	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur?	
17. INFORMANT Sue Milner 9	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	ACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Samewille Sal Date 110, 20 , 1915	Nature of injury	
() X)	24. Was disease or injury in eny way related to occupation of deceased?	
19. UNDERTAKER (Address)	If so, specify	
11/17 The Della Chi	(Signed)	as D
20. FILED 1938 CG 13. POCKET	(Address) This large 8	1 d M. D.
at the state of th		

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a elerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal eause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	distribution of the state of th	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 6 1999	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other eontributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

FOR

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis DEC 7 1900	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitud nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
6.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE 1	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	---------	-----	---------	------------	----	-----------

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12642
1. PLACE OF DEATH	82500
County allegany	Registration Dist. No.
Village or City Flostburg	No. 270 E. Ward St. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME andrew Jackson	~ Tygers
(a) Residence: No. 270 & Tydam (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the worth) 5a. If married, widowed, or divorced HUSBAND of	21. DATE OF DEATH (Month) (Day) (Year) 22. I HEREBY CERTIFY. That I attended deceased from
(01) WIFE of Jaura Hamil Myers	1 2/4, to Nov 1 4, 19 2 5
6. DATE OF BIRTH (month, day, and year) 3 4 7 963	I last saw J.A. allve on 200 14 , 19 8; death is sald
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date steted above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
No. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	advanced artenorelevores Date or other
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	are and a second
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Echhart Mue. (State or country)	Other Contributory Causes of importance:
# 13. NAME John Myers	
13. NAME John Wyers 14. BIRTHPUCE (city or town) Unknown	Name of operation Data of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Havet France 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Richard Hamill (Address) Fuelburg Wa-	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place	Nature of injury
19. UNDERTAKER Jacob Hoser (Address) F. Stowna Market	24. Was disease or injury in any way related to occupation of deceased? 200
20. FILED 11/16, 1935 Q.R. Discher	(Signed) W alfell V & Owney M. D. (Address) Hypothers, mil.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

19619

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis EC 6 1955	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
And the state of t			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	A	١	i.		L	Ì	١	A	į	Ĺ	ľ]	1	,	7	3	7	3	7	;	,	1	3	7	3				((į	ľ]	5	7.5	9	600	-	ľ	5	1	ĺ	H	I)	Ì			7	Y)	3	F		3	3	ľ	1	2	Į	N		3	E]	I.	1	V	Ą	Ç,	ŀ	1	ľ		1	A	A	١.	ľ	1		S	5		3	R]	₹,	E	1	I	ŝ	']	ľ	I	1) P	3	ŀ		J		Į	1	7	F	ŀ]	,		2	R))		(1	1	1	F	ŀ	1]					ì	j	Š	j	3	E	E	F	I]	١,	,	7	3	3	J	
--	---	---	----	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	---	---	---	---	---	---	-----	---	-----	---	---	---	---	---	---	---	--	---	---	--	--	---	---	---	---	---	--	---	---	---	---	---	---	---	--	---	---	---	----	---	---	---	----	---	---	---	--	---	---	---	----	---	---	--	---	---	--	---	---	---	----	---	---	---	---	----	---	---	---	-----	---	---	--	---	--	---	---	---	---	---	---	---	--	---	---	--	---	---	--	---	---	---	---	---	---	---	---	--	--	--	--	---	---	---	---	---	---	---	---	---	---	----	---	---	---	---	---	--

AGE should be stated EXACTLY.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

PHYSICIANS should state

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

OINIE OI MANIEMID	CERTIFICATE OF DEATH
1. PLACE OF DEATH	14040
County Olice WITHIN CO	RPORATE LIMITS Paristration Diet Ale
	Registration Dist. No.
Village or City	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Thansard E. Maugle	If U.S. Veteran specify WAR.
(a) Residence: No.	
(Usual place of abode)	St., St., St. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DVORCED (write the higher)	21. DATE OF DEATH
T OR DIVORCED (write the Myrid)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
5 412 1855	linguist, 192 1, to 710 13, 192 1
6. DATE OF BIRTH (month, day, and year)	I last saw h_ alive on 77 , 1307 ; death is seid
7. AGE Yeers Months Days If LESS than 1 day,	to have occurred on the date steted ebove, at
armin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	wenous wond now
SAWYER, BOOKKEEPER, etc	7-35
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at	
this occupation (month end spant in this year) occupation	
12. BIRTHPLACE (city or town)	Other Contributory Canses of importance:
(State or country)	74 10 10 10 10 10 10 10 10 10 10 10 10 10
13. NAME Michael Moughton	Can but 1 11 4m
14 DIDTUDI AGE (CITAL AND ON A A A A	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME	What test confirmed diagnosis? Was there en autopsy? Le
	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
China Kata Ma alt	Where did injury occur? (Specify city or town, county and State)
17. INFORMAN (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, STEP ATION, OF REMOVAL	Manner of injury
After Valrick Com Date flow 15 1935	
1 - 1 1 9	Nature of injury
19. UNDERTAKEN	24. Was disease or injury in eny way related to occupation of deceased?
The state of the	If so, specify That I was a second of the se
20 FILED 4, 1925 Jan Benkhin MA Registrar.	(Signed)M.D.
Kegistrar.	(wodiess)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FO	FURTHER ST	ATEMENTS BY	PHYSICIAN
---------------------	------------	-------------	-----------

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(13)
County allegning WITHIN CORPOR	RATE LIMITS Registration Dist. No.
Village or City Landburk	ND. Managery of Hone St., Ward death occurred in a physical or spirituition, give its NAME instead of street and number)
Length of residence In city or town where death occurred	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME / Sommas personas	If U.S. Veteran specify WAR.
(a) Residence: No. Allegan Cr Home	St., 4 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH //
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. / I HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. OTHER (month day, and yeer) OTHER (month) I last saw h. Amalive.on	
13. NAME / Brands Summan 14. BIRTHPLACE (city or town) - Graduand,	Name of operation Data of What test confirmed diagnosis? Was there an autopsystable
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place Place (Address) 18. Date (Address) 18. Date (Address)	23. If death was dua to external causes (VIDLENCE) fill In elso the following: Accident, suicide, or homicide?
19. UNDERTAKER Anno Stein One (Address) 20. FILED 1 1935 Jour Franchen M.A. Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis C 7 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

18.3

of OCCUPA. Exact statement mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. certificate. See instructions on back of STATE OF MARYLAND-CERTIFICATE OF DEATH

:	1. PLACE OF DEATH	W 11	WITHIN CC	PRPORATE LIMITY 93-C
	County Allega			Registration Dist. No.
	Village or City Cumber	land. M	a a	No. 908 • Lafayette Ave St Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence in city or town where	death occurred		ds. How long in U. S. if of foreign birth?yrsmosds.
	2. FULL NAME Amand	la.Norri	g	If U.S. Veteran specify WAR.
	(a) Residence: No. 908	(Usual place	of abode)	Lest, 6 Ward. If nonresident give city or town and State
	PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3.	Female 4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE WILDOW	RIED, WIDOWED, D/(write the word)	21. DATE OF DEATH Nov.19th.193593 (Month) (Day) (Year)
5a.	. If married, widowed, or divorced HUSBAND of John . No	rris		22. I HEREBY CERTIFY, That I attended deceased from
6.	DATE OF BIRTH (month, day, and year)	Nov.28.	1867	Hov. 8, 1935, to Hov. 19, 1936 Hast saw her alive on Hov. 18, 1935; death Is said
_	AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 12.30 mAm
	67 10	22	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
NOI	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Hous	e work	Hypotensine Cardis - Vasanda 193
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			Cerebral Thromboar "/8/3
000	10. Date deceased last worked at this occupation (month and year)	11. Total t	ime (years) ntin this	Acration Dight years
12	BIRTHPLACE (city or town)(State or country)	Pa		Dther Contributory Causes of importance:
ER	13. NAME Henry . Rut	у		
FATHER	14. BIRTHPLACE (city or town)(State or country)	Pa		Name of operation Date of
ER	15. MAIDEN NAME Aster.	Casteel		What test confirmed diagnosis? Was there an aulopsy? 23. If death was due to external causes (VIDLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town)(State or country)		Pa	Accident, suicide, or homicide? Date of Injury, 19
17	INFORMANT Mrs.Johr (Address) Cumber	Burket	d	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18	BURIAL, CREMATION, OR REMOVAL Place Mt.Savage		.21.1935	Manner of injury
19	John . C. Wo			24. Was disease or injury in any way related to occupation of deceased?
20.	shedar 20, 1935 Ja	P. How	Also MA Registrar.	(Signed) (Address) (Address)
	If more	blanks are needed, a	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

TION is very important.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DFC 7 1035	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	FOR FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
--------------------	-------------	------------	---------------	-----------

nfor- state JPA-	STATE OF MARYLAND	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	All All
M of M	County Milesany City	Limits Registration Dist. No.
sh of	Village or City Orlan Constant	ND. P. + W. H 3 Vally K death occurred in a horpital or institution, give its NAME instead of
nt nt	Length ot residence in city or town where death occurredyrs,mos	ds. How long In U.S. if of foreign birth?yrs.
D. Every SICIANS tatement	2. FULL NAME John Wesley My	unn
D. SIG	(a) Residence: No. R 7 D. H 3 Valley Rd	St.,Ward.
CORD. PHYSI	(Usual place of abody	If nonresident give city o
REC. P.I.	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF D
NT R LY.	Inale White OR D(VORCED (wings the word)	21. DATE OF DEATH
NE NE CT	5a. If married, widowed, or divorced HUSBAND ot	
NDIN RMAN X A C	(or) WIFE of	22. I HEREBY CERTIFY, That
	6. DATE OF BIRTH (month, day, and year) In 24 1922	I last saw here alive on Mar : 18-
	7. AGE Years Months Days It LESS than	to have occurred on the date stated above, at 11. 9 Dem.
FOR IS A F stated properlicertifica	13 9 24 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of import
- 70	8 Trade protection or particular	affects with Perstaun
K—TH tould may back	kind ot work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
INF INF INF INF INF INF INF INF INF INF	10. Date deceased last worked at this occupation (month and year)	
7 4 - 0	your) occupation	Other Contributory Causes of importance:
IN DI	12. BIRTHPLACE (city or town) What will go.	Sunsilelia
ARGIN UNFADI upplied. terms, so		
	III	Name of operation Masses
T -= 70	14. BIRTHPLACE (city or town) Cate or country)	What test confirmed diagnosis? Was
E = 70 .	15. MAIDEN NAME Larring Control	23. It death was due to external causes (VIDL ENCE) fill in also th
. 14 .23	15. MAIDEN NAME Carma Cramford 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of inju
Pool Pool	E (State or country)	Where did injury occur?
PLAIRLY, hould be ca JF DEATH very import	17. INFORMANT Stor It Ingerim (Address) & FAD # 3 Calling Rd.	(Specify city or town, coun specify whether injury occurred in INDUSTRY, in HDME, or in P
	18. BURIAL, CREMATION, DR REMOVAL	Manner ot Injury
	Place + surrey N. Date hor All, 1935	Nature of injury
A TO	19. UNDERTAKER Loris Stein Inc.	24. Was disease or injury in any way related to occupation of dec
9 1 10 1	(Addiess) Company and	If so, specify
wi m	1. Mus 21 not la P Fr. Al 2011	(Signed) (C. C. Symple)

86	(21)
V.	Limite Registration Dist. No.
7	
(If	ND. R. + W. H. 3 all Rost., Ward death occurred in a horpital or institution, give its NAME fortead of street and number)
nos.	
21	enn
1	
L.,	St., Ward. If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
	21, DATE OF DEATH
	(Month) (Day) (Year)
	(Month) (Day) (Year)
	22. I HEREBY CERTIFY, That I attended deceased trom
	Mes 18 1935 to Mov. 18, 1930
L	I last saw here alive on More: 18 - 19 30; death is said
	to have occurred on the date stated above, at 11. 4. D. C. m.
s.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows:
	affillarles lella Sentantes 11-19-30,
	y v
Ĩ	Other Copyributory Causes ot importance:
	Simullation 11-14-25
	MI.
	Name of operation Maus Date of
	What test confirmed diagnosis? Was there an autopsy?
	23. It death was due to external causes (VIDLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury, 19
	Where did injury occur?
	(Specify city or town, county and State) Specity whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE,
	Manner ot injury
	Nature of injury
	24. Was disease or injury in any way related to occupation of deceased?
	If so, specify
//	man (Mill) X mient
//	(Signed) (Address) Ususlaus (MI)
	" (Audiess) emulation tout /////

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 50 7 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		7.37	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state RD. Every item of infor-

> stated EXACTLY. classified.

> > AGE should be

certificate. properly

See instructions on back of

TION is very important.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLANLY,

V. S. No. 1 N. B. Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	- INTACCE - INTE	49-0)
County Clifey ward	WITHIN C	CORPORATE LIMITS Registration Dist. No.
Village or City Lindburg		No. Allegassy to Afit St., Will Geath occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth?
2. FULL NAME Hellis (a) Residence: No. Wudley	Il Lonace	If U.S. Veteran specify WAR.
PERSONAL AND STATISTICAL	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. S	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or)-WIFE of	The state of the s	22. I HEREBY CERTIFY, That I ettended decessed f
6. DATE OF BIRTH (month, day, and year)	19 1903	I last saw h_LA_elive on
7. AGE Yaars Months 3 2 9	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 2.40 amm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	aches	Regnord & left del
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Carcino matoria
12. BIRTHPLACE (city or town) Lanasa (State or country)	ming.	Othar Contributory Causes of importance:
13. NAME John CO No. 13. NAME 14. BIRTHPLACE (city or town) March 14. Birthplace (city or town) March 14. Birthplace (Stata or country)	Land Cand	Name of operation C. C. Los Community Dete of Many What test confirmed diagnosis? Was there an autopsy? Many the confirmed diagnosis?
15. MAIDEN NAMEN ary anne 16. BIRTHPLACE (city or town)	Sullivan	23. If death was due to external causes (VIOLENCE) filt in also the following:
O 16. BIRTHPLACE (city or town)	of Russel	Accident, suicide, or homicide?
17. INFORMANMURA Berna dette (Address) Lanceanin	g. mid	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Profe T. Mary Consiliry of	nta Most. 25, 19.35	Mannar of Injury
19. UNDERTAKER M. Cichi (Addrass)	hory	24. Was disease or injury in eny way related to occupation of dacaased?
20 Report 2 9, 1936 ac	Hankler M.	(Signad) Tiffell less) (Address) And

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1			Example II	F10.13
The principal cause of death and r of importance were as follows: Arteriosclerosis	elated causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	7 1935	July 5, 1927	Peritonitis	3 days ago
BUE	CAU V.			
Other contributory causes of impor	rtance:		Other contributory causes of importance:	
Gallstones	2014	May 1,1923	Gastroenteritis	1 year
			THE STATE OF THE PROPERTY OF THE STATE OF TH	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	A		4		١	1	A	4		Ì	1	4	4	7	7	4		((((ĺ	I	J	5	3	5	-	7	7	1	7	1	ĺ	1)	I			Y		В]	,	S	1	I	1	V	1	ľ		E	I	I	V	N	1	Ç	F	1	I		1	A	F	1	3	Γ	1		3	S	-		3	R	F	3]	E	E		I	H	1	r	I		3	B	1	J	IJ	Į	1	7	1	F	I			?	ŀ])	_	(1	1	F]			Ò	Ö	F		3	J	((1	1	1	1	A	A	A	F	1	,		>))	ב	9	9	9		ב	ב	ב	0	ב	0
--	---	--	---	--	---	---	---	---	--	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	---	--	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	---	---	---	--	---	---	---	----	---	---	--	---	---	---	---	---	--	---	---	---	---	----	---	---	---	---	---	---	--	--	---	---	---	---	---	---	---	---	---	---	--	--	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	---	---	---	---	---	---

	-	×)mmq
5	-WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTLY	CAUSE OF DEATH in plain terms, so that it may be properly classified.
מיינתייות יוס ז תה איהמהיו איינהיישי	Y	A C	Ssifi
77	RM	X	cla
1	PE	回回	rly
1	4	atec	obe
4	SIS	st	pr
1	HIS	be	be
À .	T	pluc	may
	NK	shc	it 1
	CI	GE	hat
	N	T	so t
5	FAI	ied.	ns,
4	Z	lddi	terr
h	H	ns /	ain
	VIT	ully.	plq 1
	A	aref	I in
	3	0	E
	J	q p	DE
	PL	luor	OF
	LE	1 S	E
	RI	tion	COS
	F	ma	CA

be properly classified. certificate.

See instructions on back

TION is very important.

N. B.-WRITE PLANLY,

PHYSICIANS should state Exact statement of OCCUPA- STATE OF MARYLAND-CERTIFICATE OF DEATH

-1	67	13	.6	(
- [2	L)	4	173
-6	-	17	AL.	-

1. PLACE OF DEATH	93-2
CountyAllegany	Registration Dist. No.
Village or City Oldtown.	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Martha. Pipper	If U.S. Veteran specify WAR
(a) Residence: No. Oldtown • Md .	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED. WIDOWED.	21. DATE OF DEATH
Female White OR DIVORCED (write the word)	Nov. 19th.1935, 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of EZEKiel. Pipper (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 1935 to 1935
6. DATE OF BIRTH (month, day, and year) Dont Know 1868	f fast saw har elive on / Ca Har, 1935; death Is said
7. AGE Years 67 Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 12 • 30 mAm The PRINCIPAL CAUSE OF DEATH end related causes of importance were at follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At Home	Chimin Magazarditio 1435
SAWYER, BOOKKEEPER, etc. At Home SAWYER, BOOKKEEPER, etc. At Home SINUSTRY or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked at this occupation (month and spent in this security is security in this security in this security in this security is security in this security in this security in this security in this security is security in this security in this security in this security is security in this security in this security in this security is security in this security in this security in this security is security in this security in this security in this security is security in this security in this security is security in this security in this security is security in this security is security in the security in this security is security in	
10. Dete deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Washington. (State or country)	Other Contributory Causes of Importance: 1835
ដ្ឋ 13. NAME Dont Know	
13. NAME DON'T KNOW 14. BIRTHPLACE (city or town) DON'T KNOW	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Marthur Thord 16. BIRTHPLACE (city or town) (State or country)	23. If deeth was due to external causes (VIOLENCE) filf in also the following: Accident, suicide, or homicide?
State or country) Florit Must	Where did injury occur?
17. INFORMANT Oliver Papper Oldtown Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hardsocks. Cemetery Nov. 1931	Manner of injury
19. UNDERTAKER Jahr C Walford	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED MOV 9, 1935 Carrie a Shorehold	(Signed) Le glowing M. D. (Address) Lung M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage DEC 6 1903	July 5,1927	Peritonitis	3 days ago	
SUREAU V. S.	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ARGIN RESERVED FOR BINDING

WRITE PLANTY. WITH UNFADING INK-THIS IS A PERMANENT RECORD

S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	641
1. PLACE OF DEAT	Ĥ	0 0	WITH C	(a)	
County	169	My	1	Registration Dist. No.	
Village or City	7/4	ORM	WOG	No. 9t,	Ward
Length of residence in cit 2. FULL NAME (a) Residence: No.	y or town where d	eath ocurred	yrs or mos	death occurred in a horpital or institution, give its NAME instead of street and num	
2. FULL NAME	4	Mus	Mel		
(a) Residence: No.			0.1. 4. 7.7	St. Ward.	,
(4) 11001201100. 1101		(Usual place of	of abode)	If nonresident give city or town and Sta	ite
PERSONAL ANI				MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR	r or rage		(IED, WIDOWED,) (write the word)	21. DATE OF DEATH (Month) (Oay)	93 5 (Year)
5a. If married, widowed, or divor HUSBAND of (or) WIFE of	ced		,	22. I HEREBY CERTIFY, That I attended dec	
6. DATE OF BIRTH (month, day,	and year)	11-3	- 35-	I last saw h	
7. AGE Years	Months	Oays	If LESS than	to have occurred on the date stated above atm,	eath is said
		_	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH apprelated causes of importance	
8. Trade, profession, or parkind of work done, a SAWYER, BOOKKEE	S SPINNER.				ate of onset
kind of work done, a SAWYER, BOOKKEEF 9. Industry or business in work was done, as SI SAW MILL, BANK, et al. 10. Dato deceased last work this occupation, (man	ILK MILL, fc				
10. Dato deceased last work this occupation (mon year)	th and	11. Total tip	ma (years) t in this pation,		
12. BIRTHPLACE (city or town)	MARIO	RA Hos	bela !	Other Contributory Causes of importance:	
(State or country)	Fro	Win	20 00 40		
표 13. NAME	VIII 0	Kun	their		
13. NAME 14. BIRTHPLACE (city or tow	vn) Xe	osly	WY	Name of operation Date of	
(State of Country)		Mag	0-01	What test confirmed diagnosis? Was there an au'o	psy?
I LUI I 15. MAIOEN NAME	argu	cerciti	utterly	23_If death was dua to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or tow	(n) - (-) - [-]	Motor	many	Accident, suicide, or homicide? Date of injury	., 19
17. INFORMANT	Hym	& Frees	whee st	Whera did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE	
(Address) 18. BURIAL, CREMATION, OR RE	MOVAL	wwn	1779		
Place	2	Date /		Manner of injury	
10 11105074150	010	ne		24. Was disease or injury in any way related to occupation of deceased?	
19. UNOERTAKER (Address)		_ ^	A 4	If so, specify	
20. FILEO / 4 , 1	35	a.R.8	Rezistrar.	(Signed) RASIVINO M	M. D
	If more l	lanks are needed, ac		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "inechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis DEC 6 1935	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
RUPEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1-1-411	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1 PLACE	OF DEATH	OF MARYLA	ID—CERTIFICATE OF DEATH
County	alleg	ne with	N CORPORATE LIMITS Registration Dist. No. 4 No. 107 Augustus St., 6-2 War
Length of r 2. FULL N (a) Resid	1	anh	(If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?
PERCO	NAL AND STATES	(Usual place of abode)	If nonresident give eity or town and State
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WI OR DIVORCED (write	WED. 21. DATE OF DEATH
5a. If married, wid HUSBAND of (or) WIFE of	owed, or divorced		I HEREBY CERTIFY. That I attended deceased fro
	ears Months		I last saw h alive on
9. Industry of work of SAWY	fession, or particular i work done, as SPINNER, ER, BOOKKEEPER, atc	11. Total tima (year spent in this	Pennoline 7 lines Jufant
yaar) 12. BIRTHPLACE ((State or co	city or town)	occupation -	Other Contributory Causes of importance:
(State	CE (city or town) 22 or country)	Polit	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
	CE (city or town)	mod Park	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREM	ation or REMOVAL	Date Nov 30	Manner of injury
19. UNDERTAKER	Louis It	and head	24. Was disease or injury In any way related to occupation of daceasad?
20. FILED/ 02	130 185 Va	07.10	2 (Signed) Lally Thum) M

ARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example II	
pal cause of death and related causes nee were as follows:	Date of onset 1 week ago
street car	1 week ago 3 days ago
ributory causes of importance:	1 year
i	ritis

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	---------	-----	----------------	-------------------	----	-----------

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

AGE should be

mation should be carefully supplied.

V. S. No. 1

certificate.

M	item of infor-	should state	of OCCUPA-
	I RECORD. Every	Y. PHYSICIANS	Exact statement
FOR BINDING	IS A PERMANENT RECORD. Every item of infor-	stated EXACTLY. PHYSICIANS should state	properly classified. Exact statement of OCCUPA-

re et

STATE OF MARYLAND—CERTIFICATE OF DEATH

1265!

1. PLACE OF DEATH	(31)	-
County allegany	Registration Dist. No.	
Village or City Colhack	NoSt.,	Ward
1/ 6	f death occurred in a horpital or institution, give its NAME instead of street and n	
Quilly P. T	yisyis.	303.
2. FULL NAME A . A step one	.0	
(a) Residence: No. 6 Cfolia (Usual place of abode)	A, St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male 4. COLOR OR RAGE OR DIVORCED (write the word) Majorical Color of the word)	21. DATE OF DEATH 900 - 14	, 193-5 (Year)
5a. If married, widowed, or divorced & D / P A	22. I HEREBY CERTIFY. That I attended	
(or) WIFE of Ladys 1. Porter	22. I HEREBY CERTIFY, That I attended of the state of the	1 PS
6. DATE OF BIRTH (month, day, and year) Nov 1 -1890	I last save the aliva on May - 13 - 1985	; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at.:.6Qm.	
45 0 13 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	10111
8. Trada, profassion, or particular kind of work dona, as SPINNER,		Oate of onset
SAWYER, BOOKKEEPER, etc.		1700-
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	arenna	14-35
0 10. Date dacaased last worked at 11. Total time (years)		
this occupation (month and spant in this year)	Other Control of Control	
12. BIRTHPLACE (city or town) 6 chhart	Other Contributory Causes of importance:	Buckey or
(State or country) A A md	nes hales a hrous	110000
13. NAME Joseph Forler	interest teal	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of	
(State of country)	What tast confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was dua to extarnal causas (VIOLENCE) fill in also the following	1,
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury	, 19
(State of country)	Whate did injury occur? (Specify city or town, county and State	e)
17. INFORMANT ATO Stody Charles and	Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	ACE.
18. BURIAL CREMATION, OR REMOVAL	Mannar of injury	
Eckine & Tester Center nov- 16, 1935	Nature of injury	
I followers	24. Was disaasa or injury in any way related to occupation of dacaasad?	
19. UNDERTAKER (Addrass)	If so, specify	
20, FILED 11/16 19SF air stalking	(Signed)	4M. O.
Registrar.	(Address) The Thing	rud
If more blanks are needed, address State Registrar.	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

-WRITE PLAKEY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-ARGIN RESERVED FOR BINDING

7. PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

AGE should be

mation should be carefully supplied.

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			WE WE	,
County	legar	THIN OUR	Registration Dist. No.	~
Village or City Cump	erdene	1 all	egany Naspetal St. 4	Ward
		vrsmos	Seath occurred in a hospital or institution, give its NAME instead of street and n	
Length of residence in city or town where d	reeth occurred	yrsmos	Y. How long in U.S. if of foreign birth?yrsmo	1505.
2. FULL NAME JUS	ph of	unn		
(a) Residence: No.	Sh	aftm	St., Ward. If nonresident give city or town and	C
PERSONAL AND STATIST	(Usual place of		MEDICAL CERTIFICATE OF DEATH	Diate
3. SEX 4. COLOR OR RACE	S. SINGLE, MARE	RIED, WIDOWED,	21. DATE OF DEATH	
Male Thite	OR DIVORCED	(write the word)	november 12	, 193 5
5a. If married, widowed, or divorced	· sing		(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	- 7		22. HEREBY CERTIFY, Thet I attended	
0	,		Ullober 22, 1935, 10 november 14	
	n. 24-	1912	I lest saw h Lan elive on hovember 14,5,1935	; death is sald
7. AGE Yeers - Months	Oays	If LESS than I deyhrs.	to heve occurred on the date stated above, at 1 3 3 0 0 cm.	
33 19	20	ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	Oate of onset
R Trede, profession, or particular kind of work done, as SPINNER,	lleration	Lept.		
SAWYER, BOOKKEEPER, etc	- Selder		Master Unclis	10/25/3:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. J. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceesed last worked at this occupation (month and	Silk 7	nell		
10. Dete decesed last worked at ///	11. Total tii			
this occupetion (month and year)	S spen	t in this pation		
1h	st 1	ms.	Other Contributory Canses of importance:	
12. BIRTHPLACE (city or town) (State or country)				
13. NAME James	2. win	N	Sjughle mastoid 10/29/30	
13. NAME James 14. BIRTHPLACE (city or town)	Lona	energ		13/35
14. BIRTHPLACE (city or town)	- n	d.	What test confirmed diagnosis?	7
15. MAIDEN NAME Stolla	1 Tikk	en.	23. If deeth wes due to externel causes (VIOL ENCE) fill in elso the following	
E		1-1	Accident, suicide, or homicide? Dete of injury	
O 16. BIRTHPLACE (city or town)	XXXXX	ml.	Where did injury occur?	, 13
Laman,	9 iin	1.	(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	e)
17. INFORMANT (Address)	1/2/14	mod	Specify whether injury occurred in thousand, in nome, or in Public Pla	102.
18. BURIAL, CREMATION, OR REMOVAL	e the	1/2	Manner of injury	
Plece If Michaels	Oate /	118 ,1931	- Nature of injury	
Jac - l	Thate	2) 0	24. Was disease or injury in eny way releted to occupation of deceesed?	740
19. UNOERTAKER (Address)	Tural	m	If so, specify	
B-115	14	112/	(Signed) T. N. ONELL	мп
20 Miles / 6 , 130 /a	JU hand	Registrar.	(Address) Cumbriland m	d-
If more	blanks are needed, as		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	- Annual Control	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis / C C V F T	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

PHYSICIANS Exact statement

classified.

certificate. properly

See instructions on back of

it may

so that

CAUSE OR DEATH in plain terms,

important.

TION is very

earefully

mation should -WRITE PLA

of OCCUPA.

1. PLACE OF DE				Dr Willi	ams
County	Allega	ny W	ITHIN CORP	ORATE LIMITS Registration Dist. No. 4	
	city or town where	death occurred	yrsmos	No. Memoral Hospital St., I death occurred in a horpital or institution, give its NAME instead of street and not street. ds. How long in U.S. if of foreign birth? yrs. mos	
(a) Residence: No.	-1/	Bully (Usual place	al au	If U. S. Veteran, specify WAR. St., Ward. If nonresident give city or town and S	State
PERSONAL A	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the wor		D (write the word)	21. DATE OF DEATH Nov. 30. 1935	193	
5a. If married, widowed, or di HUSBAND of (or) WIFE of		rnell	1800	22. DHEREBY CERTIFY, That I attended d	
6. DATE OF BIRTH (month,	day, and year)	ct. 50.		I last saw harmative on // 30 ,1935	death is sai
7. AGE Years 43	Months 1	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	Date of onsei
work was done, a SAW MILL, BANY TO Date deceased last v this occupation (n year)	in which s SILK MILL, (, etc vorked at nonth and	Time Ke	eper time (years) ent in this	Other Contributory Courses of importance:	11-27
12. BIRTHPLACE (city or tow (State or country)			-64	-	
13. NAME 14. BIRTHPLACE (city or (State or country		Wis	arc	Name of operation Date ol What test confirmed diagnosis?	1.
15. MAIDEN NAME Mary.E.Dawson. 16. BIRTHPLACE (city or town)			1 •	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
(Address) 18. BURIAL, CREMATION, OR Place Keyse	REMOVAL		3.1935	Manner of injury	
19. UNDERTAKER(Address)	John .C.W	olford land. N	id m. II	24. Was disease or injury in any way related to occupation of deceased? If so, specify	80,

ΩĠ.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12654
1. PLACE OF DEATH	de al 22
County Alleganing Ou	Registration Dist. No. 1
Village or tity Commenter landelly	IMNS Chrish Rolst, Ward
Length of residence In city or town where death occurredyrs,mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. of foreign birth?
2. FULL NAME Arthum In Mic	
(a) Residence: No. (build place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.58X 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 200 3 193 5 -
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Janah Hundurson.	22. IHEREBY CERTIFY, That I attended deceased from 1935, to 1935
6. DATE OF BIRTH (month, day, and year April 4 1872	I last saw h alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
A 8 Trade profession or particular	Tulmon an Date of onset
SAWYER, BOOKKEEPER, etc	Juterulosis 1933
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)	
11. Total time (years) this occupation (month and year) 12. Total time (years) spent in this occupation	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Charles Rice. 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT My A. Mr. Mer. (Address) Christing Ped.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 1 10 manual pate 1 1935	Nature of injury
19. UNDERTAKER Komo Stern 9nc.	24. Was disease or injury in any way related to occupation of deceased? 200
20. FJADAN of , 1932 Jan Thranklin, M. A. Registrar.	(Signed) Level Bourling M. D. (Address) Clary 2nd M. D.
If more blanks are needed add C B.	N. Cl. J. C. B. Li

needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting TU. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis 7 1955	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-

certificate.

Jo

should it may n back

AGE

in plain terms.

carefully

mation should be

erms, so tha instructions

See

very important

CAUSE TION is

19. UNOERTAKER (Address)

DEATH

OF

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County (1900 Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth? _____vrs.__ Length of residence in city or town where death occurred. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWEO, OR DIVORCED (write the word) (Oay) (Year) 5a. If married, wide HUSBAND of ERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Davs If LESS than I day,hrs. **DEATH** and related causes of Importance ormin. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation __ 40 12. BIRTHPLACE (city or town (State or country) FATHER 13, NAME (State or country) What test confirmed diagnosis? The confirmed MOTHER 15. MAJOEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?_____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?.. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVA Manner of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation,

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis (195	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
2:1 4 4			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B. mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

Exact statement of OCCUPA.

12656

1. PLACE OF DEATH	(J3)
County Within CORPO	ORATE LIMITS Registration Dist. No.
Village or City Chamber Carlos (III) Length of residence in city or town where death occurred 5 yrs mos	No. 2/5 Ward f death occurred in a horpital or institution, give its NAME instead of street and number) i
2. FULL NAME William, Rigadon	
(a) Residence: No. 2/5 Pear (Usual place of abode)	St., 3 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 70V. 27 1935
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Many Angalett Reader	(Month) (Oay) (Year) 22. I HEREBY CERTIFY. That I attended deceased from 19, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than 1 day,hrs. ormln.	I last saw h alive on 71 ov 7 7 7 19 3 1; death is said to have occurred on the date stated above, at 7 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset
Reserved to the companion of the compani	l'auguro Autro - Judho
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
# 13. NAME	Chronin Magle Dune 34m
14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION OR REMOVAL Place Francisco Land Date 11 / 29, 19 35	Manner of injury
19. UNDERTAKER Lynio Stem One. (Address) Conterfactor 20. FILED AU 2 9, 1935 De Followith M. D.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D.
Registrar. If more blanks are needed, address State Registrar,	(Address) Cult of Just 149 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Constrail to a company of the contract of the	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 7 1935	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

V. S. No. 1

)	CORD. Every item of infor-	PHYSICIANS should state	act statement of OCCUPA-	
	-THIS IS A PERMANENT R	uld be stated EXACTLY.	nay be properly classified. E	ack of certificate.
	N. B.—WRITE PLAITIY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	N. B.—WRITE	mation s	CAUSE	TION is

STATE OF MARYLAND—	CERTIFICATE OF DEATH	265%
1. PLACE OF DEATH	(31)	,
County Allegary WITHIAC	ORPORATE LIMITS Registration Dist. No.	4
Village or City Compositer Rand	No. 339 M. Muchamue St., 2	Ward
Length of rasidance in city of town where death occurred 12 yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and n	
2. FULL NAME William Roberts	If U.S. Veteran specify WAR	
(a) Residence: No. Lemmber and	St., Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oey)	193.5 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Gachel Mc/Buche	22. MI HEREBY CERTIFY, That I attended of	Jeceesed from
6. DATE OF BIRTH (month, day, end year) Oat 22 1855	i last saw hours alive on 77. 77 1931	; daath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7464 m.	
80 1 3 1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance ware as follows:	Date of onset
Z S. Trade, profession, or particular kind of work done, as SPINNER,	linging Vertoria	スコント
Kind of work done, as SPINNER, Aumer SAWYER, BOOKKEEPER, atc. SAWYER, BOOKEEPER, ATC. SAWYER, BOOKKEEPER, BOOKKEEPER		1931
Mindustry or business in which work was done, as SILK MILE, Ceval Annie SAW MILL, BANK, etc.		
10. Date decaased last worked et this occupation (month and 1904 spant in this grant occupation occupation)		
12. BIRTHPLACE (ofty or town) Alany Cans. (State or country)	Other Coutributory Causes of importance:	
	organic News action	1930
E	Thrus yupmas	
(State or country)	Neme of oparation	utoneu?
E 15. MAIOEN NAME Sean Syndia	23. If death wes dua to axtarnal causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city of town)	Accidant, suicide, or homicide? Date of injury	
(State or country) Two Scolia	Whare did injury occur?	
17. INFORMANT SUA COMMENT	(Specify city or town, county and State Spacify whather injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury	
Placa Af All Samullotte M. 2 , 1935	Natura of Injury	
19. UNDERTAKER IN Gychhow.	24. Was disaase or injury in any way related to occupation of deceased?	
(Addrass) Landening His.	(Signed) Shate the North	<i>у</i>
20. FUED 206, 1995 Jan Musipalan Mill	(Address) Country fund half	IVI. U.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	138
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Alter wocter osts	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			refrancisco al

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County HLLEGRNY WITHIN OR	PORATE LIMITS Registration Dist. No. 2
Village or City CUMBERLAND	No. PILECANY LAND St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Stillburn Cahe	usoulf U. S. Veteran, specify WAR
(a) Residence; No.	St. Ward. Dawson me
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
FEMALE 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH NOV. 30 193.5 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from \$0,1935, to \$100. 30 1935
6. DATE OF BIRTH (month, day, and year) 11- 30 - 35	I last saw h C.C. alive on Stall 19 death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 - 2 - m.
Helbaria 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Dufrautrine asphy xea hos. 23
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	maternal Splaid two. Oct. 25
12. BIRTHPLACE (city or town) CUMBERLAND (State or country) MARYLAND	Other Contributory Causes of importance:
13. NAME JOMES FOUDER PLEINSON	
14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Lineal Was there an autopsy?
15. MAIDEN NAME FUELYN CHARLOTTE DERNER	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME TUELYN CHARLOTTE VERNER 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Dete of injury, 19
17. INFORMANT JAMES KOWARO ROBINSON	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Sause 20, 1935	Manner of injury
19. UNDERTAKER Jas & Jahren 19. (Address) Dawer . ml	24. Was disease or injury in any way related to occupation of deceased? 200
20. FILED Plow 30, 1935 Que Transla Part	(Signed) At hun to Janes M. (Address) 40 h. Liberty 21.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	li	Example II	HURAIS
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 1	July 5, 1927	Peritonitis	3 days ago
	DITE-			
Other contributory	causes of importance:	1000000	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		J		

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 12658
1	L PLACE OF DEATH	DATE LIMITE (59)
	County Corpo	Registration Dist. No.
	Village or City Lewbulau	No. 2/6 Deymour st6-2 Ward
-	Length of residence in city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2	2. FULL NAME Jufant Jokely	
	(a) Residence: No. Old John Roa)	St. 6 - 2 Ward.
divole:	(Usual place of abode)	If nonresident give city or town and State
2 1	PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RASE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
	Male Whole OR DIVORCED (wrighthe word)	21. DATE OF DEATH (Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of	22 I HEREBY CERTIFY. That I attended deceased from
	(or) WIFE of	Mor. 24 1935 to Nov. 26 1935
6.]	DATE OF BIRTH (month, day, and year) Morcular 24, 1935	I last saw h 4 alive on 707. 26 , 1935; deeth is sall
7. /	AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2:25 1/h.
	0 0 2 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
LION	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	2 1
PA	9. Industry or business in which work was done, as SILK MILL, None	Tremalure
OCCN	SAW MILL, BANK, etc	
12.	BIRTHPLACE (city or town) Cueshuland. Ind	Other Contributory Causes of importance:
ER	13. NAME unknown	
FATH	14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Wes there an autopsy? The
HER	15. MAIDEN NAME alina M. Schell	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTH	16. BIRTHPLACE (city or town) Cunkuland. Mid	Accident, suicide, or homicide? Date of Injury 19
Σ	(Stete or country)	Where did injury occur?
17.	INFORMANT alma M. Nalall (Address) Masslericle Constant	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Illigary 1 more 100 21, 1933	Nature of injury
19.	UNDERTAKER Agenting (Address)	24. Was disease or injury In eny way related to occupation of deceased? No.
20.	FURDO 27, 1930 Jan & Franklin MA	(Signed) L. Stoa Clay. M. (Address) Cambrillan M.
	the second secon	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	i	Example II			
of importance were	of death and related causes as follows:	Date of onset	of importance were as follows:			
Arteriosclerosis		1915	Attack of epilepsy	1 week ago		
Chronic interstitial ne		1921	Run over by street car	1 week ago		
Cerebral hemorrhage	LULLY Y LHSD	July 5,1927	Peritonitis	3 days ago		
	BURDAU W. S.					
Other contributory	causes of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

5 N	W. T. W. D. T. T.
BINDING	THE PARTY OF THE P
	4
2	1
VED	-
RESERVED FOR	
24	1
	1
IARGIN	2000

-WRITE-PLANCY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	SII	IS A PERMANENT RECORD. Every item of infor-
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	be s	stated EXACTLY. PHYSICIANS should state
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	be 1	properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificate.	of c	ertificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12659

1. PLACE OF DEATH	ORPORATE LIMITS (82-6)
County Allegary	Registration Dist. No.
Village or City Cumberland, Md.	. No. allegany Hospital St., 4 Ward
	(If death occurred in a hospital of institution, give its NAME instead of street and number) 105. 3. ds. How long in U.S. If of foreign birth?
0/ 0/ 11/1	
2. FULL NAME Venny It Shaffer	If U.S. Veteran specify WAR
(a) Residence: No./ Estymillery Mary land (Osual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 3
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. OLHEREBY CERTLEY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb 12, 1861	I last saw h. 1177 alive on 200. 3 , 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5: 10 P.m.
74 8 21 1day,hi	THE PRINCIPAL CAUGE OF DEATH and related causes of disportance
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Cerebral throwfor 5 Det 23.3.
J. Industry or business in which work wes done, as SILK MILL,	
SAW MILL, BANK, etc.	
O 10. Date deceased last worked at this occupation (month and 1932) 11. Total time (years) spent in this occupation corupetion occupation	
in morning of the same (90 Blace de	Other Contributory Causes of Importance:
(State or country) Mary land	
13. NAME Thenry Shaffer	
13. NAME Denry Shifter 14. BIRTHPLACE (city or town) (State or country)	Name of operation Logical Date of
(State or country)	What test confirmed diegnosis? Clinical Wes there an autopsy? Inc.
15. MAIDEN NAME OLelena Drinkman	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Stelena Trinkman 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Miss Teresa Shaffer (Address) Pitrailler Many land	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL	Manner of Injury
Place Carlonal Mg Date IN 6, 193	Nature of injury
10 HODERTAKED () 7 Abanblisa)	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER (V:) Same U/Va	If so, specify
290 4 35 De 1 Though 9m	(Signed) Lettrus to fores M.D.
Registrar.	(Address) 40 h. dillant, 21.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il	Example II	1	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

mation should be carefully supplied.

V. S. No. 1 N. B. should state

PHYSICIANS

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12660
1. PLACE OF DEATH	ADATE SEASON
County WEST WITHIN CORP	ORATE LIMITS (34-3) Registration Dist. No.
Village or City Columbia	No. 114 Bellovne St. 4 Ward
Length of residence in city or town where death occurred 28 yrsmos	f death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Itulan K. Sm	all
(a) Residence: No. / 1/4 13 Llunck (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced MUSBAND of (or) WIFE of Cary Company Compa	22. I HEREBY CERTIFY, That i attended deceased from
6. DATE OF BIRTH (month, day, and year) Page 2 1907	I last saw h alive on 22 29 1931 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
78 8 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	my 35
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	(Genegal)
10. Date deceased last worked at this occupation (month end yeer) 11. Total time (years) spent in this occupation	-Clarification of the control of the
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Ink.	Consisting 3x
13. NAME Cashmir I shansker	
13. NAME (Ashmu Sahamsku) 14. BIRTHPLACE (city or town) (State or country)	Name of operation According The Bate of Cary 71/18. What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Rose Hensley.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT S. + Samuel (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
State Mus Manlo Morbate Ole 7, 1936	Nature of injury
19. UNOERTAKER Armo Styring Dac.	24. Was disease or injury In any way releted to occupation of deceesed?
(Address) my farland	If so, specify
20. FIND 20 30 , 1935 And Translan In. D	(Signed) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis L. C. E. V. E. D.	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 7 1935	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR EIDTHER STATEMENTS BY DUVSICIAN

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

QRD. Every item of infor-

Exact statement of OCCUPA-

B.—WRITE PLAD mation should b

ż

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12661
1. PLACE OF DEATH	(31)
County ALLEGANY	Registration Dist. No.
Village or City Frosthurs allod.	No. 76 Abe Coullah St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Joshua Sinifkin	Sparry.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	21. DATE OF DEATH
Manho Whater OR DIVORCED (write the word)	Nov. 6th., 1935
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANO of COMMENT Comments of the Settle of	22. I HEREBY CERTIFY, That I attended deceased from
01.4 12 10:40	1935, to NOV: 6 1/2 , 1935
6. DATE OF BIRTH (month, day, and year) Sept. 131849 7. AGE Years Months Days If LESS than	I last saw h. A. alive on
01 03 f day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Trade profession or particular	were as follows: Condition Date of onset
6 kind of work done, as SPINNER, Local Moiner	2. 7 em in al Red on al
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Leilma wath balmia
SAW MILL, BANK, etc	lad come
O 10. Date deceased last worked at this occupation (month and year) 20. Teals occupation occupation	
7.6.0.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) WOOD (State or country)	
13. NAME BOULD MINE Shopker	
13. NAME Bougamin Sperry.	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy? 24
I 15. MAIDEN NAME Sarah Powell	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Sarah Powell 16. BIRTHPLACE (city or town) Wales	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
17. INFORMANT Harry Sperry.	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) It dos they had	
18. BURIAL, CREMATION, OR REMOVAL Place Transcribe Pa. Oate Nov. 10, 1935	Manner of injury
Place of the Control	Nature of injury
19. UNDERTAKER JOS	24. Was disease or injury in any way related to occupation of deceased?
(Address) It ro-Aloural Mad.	(Signed) W. alfuel Von Rima M.D.
20. FILED JAN X', 193 J Class Construction Registrar.	(Address) Hlasting 1 mil.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC 6 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Othor contributors course of investment			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			14 11 231

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	----------------	------------	----	-----------

	1 6) 1	STATE OF MARYLAND
	state UPA-	1. PLACE OF DEATH
	state lange	Allo care
_	should of OCC	County County
7	item of should of OCC	Village or City 5 deseglative
	70	Length of residence In city or town where death occurredyrs
~	RD. Every YSICIANS statement	2. FULL NAME Saus & Iroute
4		(a) Residence: No. Wellousburg
		(Usual place of obode)
	RECOL	PERSONAL AND STATISTICAL PARTICULARS
		3. SEX 4. COLOR OR RACE 5. SHIGLE, MARRIED, WIDOWED QL DIVOROED (write the word)
5	L F	male Winto Trugle
4	C T c T iffed	5a. If married, widowed, or divorced HUSBAND of
3	RMANEN X A C T I classified	(or) WIFE of
BINDING		6. DATE OF BIRTH (month, day, and year) Ab At 2/5 792/
	d d erly	7. AGE Years Months Deyl If LESS that
FOR	IS A PE stated E properly certificate	14 1 day,min.
	S II S	8. Trade, profession, or particular kind of work done, os SPINNER,
KENERVED	-THIS ould be may be oack of	SAWYER, BOOKKEEPER, etc.
2	VK_T should it may n back	9. Industry or business in which work was done, as SILK MILL, Schwall SAW MILL, BANK, etc
Ž	INK. E sho it it r	fO. Date deceased last worked at 11. Total time (years)
5	AGE that ions o	O this occupation (month and spant in this occupation
	UNFADING upplied. AGF terms, so that	12. BIRTHPLACE (city or town) Wellewloung O
1	AD sd.	(State or country)
AKGIN	th UNFAI y supplied. ain terms, See instru	13. NAME James & Iroutinan
H	Date	13. NAME Carres & Ironturar 14. BIRTHECACE (city or town) Wallandrug D
	ai.	(State of country)
	WIJ efull in pl	15. MAIOEN NAME Creating Scales 16. BIRTHPLACE (city or town) Willers White
	Porta	
	LLY, WI be careful EATH in p important.	E (State or country)
		17. INFORMANT Pauces & Contingu
	E PLA should OF DI	(Address) / Malloralruse for
		Piece Velles brus 14 Date Nov. 193
	SITT SISI	

19. UNDERTAKER (Address) AND-CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs.____mos. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Year) LHEREBY CERTIFY, That I attended deceased for to have occurred on the date steted above, at ... The PRINCIPAL CAUSE OF DEATH and related causes of importance Oate of eneet

Name of operation. What test confirmed diagnosis?_____ Was there an aulopsy?____ 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, sulcide, or homicide? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury 24. Was disease or injury in any way related to occupation of deceased: If so, specify (Signed).

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) \

گرنگرو و ,...

Registrar.

21. DATE OF DEATH

were as follows:

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			Paralli S
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-101, -113

On	ADDITIONAL SPACE FOR FURTHER STATEM illegal interment see letter	ENTS BY PHYSICIAN 12-17 35
	U	

	infor-	state	UPA-
)	Jo m	hould	000
	ite	502	of
)	D. Every	SICIANS	tatement
	F RECOR	Y. PHY	Exact s
ARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.
FUK B	IS A PE	stated E	properly
1	HIS	be	be
EKVI	IK-T]	plnous	t may
त्रम्	IG IN	GE :	that i
4	OIN	4	80
ANGI	UNFAI	upplied.	terms,
	VITH	fully s	n plain
	2,5	are	H
9	FL	pe c	EAT
	PLA	plno	F D
	图	l sh	E
	-WRI	mation	CAUS

TION is very important. See instructions on back of certificate.

12663 STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	_ vutside	(3)		
County allegas	City Lin	Registration Dist. No.		
Village or City	erland	No. Dulley Goad St. Ward		
Length of residence in city or town wh	ere deeth occurred vrs mo	No. St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number) ss. ds. How long in U.S. If of foreign birth? yrs. mos. ds.		
2. FULL NAME 3.	13-0	B I I I I I I I I I I I I I I I I I I I		
	many Jak	7100000		
(a) Residence: No.	(Usual place of abode)	St., Ward If nonresident give city or town and State		
PERSONAL AND STATE	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH for al Month 1936		
5a. If married, widowed, or divorced HUSBAND of		(month) (bay) (fear)		
(or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from		
6. DATE OF BIRTH (month, day, and year)	- Thor 5, 1935	, 19, to, 19, 19		
7. AGE Years Months		I last saw h alive on, 19; death is said to have occurred on the data stated above, atm.		
9 Tends profession as assistant	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		0 2 0:21		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Cum Ture Birth & march		
10_Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation			
		Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town) (State or country)	Enoun			
2 13. NAME //				
		Name of operation		
(State or country)		Name of operetion Date of What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME	11	23. If death was due to external causes (VIOL ENCE) fill in also the following:		
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)		Accident, suicide, or homicide? Date of injury, 19		
State or country) //	//	Where did injury occur?		
17. INFORMANT // (Address)		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Allygany Band	Ty Date Nov- 6 , 1935	Manner of injury		
19. UNDERTAKER	in In	24. Was disease or injury in eny way related to occupation of deceased?		
(Address)	-d ma	Myso, specify		
20. FILED 0 6 1935 /0	Wrunklen Mr	(Signed)M, D,		
	Registrar.	(Address)		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

-Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Jel: 7 1635	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral her orrhage REAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL CDACE FOR EUDTHED CTATEMENTS BY DUVELOTAN

	EMERICA DI III	15101211	

V. S. No. 1	MARGIN RESERVED FOR BINDING
N. B.—WRITE PLACLY, WITH UNFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated EXCAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.	N. B.—WRITE PLANCY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every ifem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3
County Colegary WITHIN CORPC	Registration Dist. No.
Village or City Owndreland	No. St., — — Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Stellborn Wagn	W If U.S. Veteran specify WAR. 200
(a) Residence: No. 13 Olik —	St. 6 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR PAGE OR DIVORCED (write the word)	21. DATE OF DEATH LOV. (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of Infant	1 HEREBY SERTIFY, That I attended deceased from to
6. DATE OF BIRTH (month, day, and year) Wow, 1/1930	I last saw ham alive on Dell wondy, 19 35; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
atiel born 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and spent in this securation (month and spent in this securation (month and spent in this securation).	Still born Date of onset
9. Industry or husiness in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
- this occupation (month and spont in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or county)	
13. NAME Clevele W Magner	
13. NAME Clerite Wagner 14. BIRTHPLACE (city or town) Green Gring	Name of operation Date of
(State or country)	What test confirmed diegnosis? Christian Was there an autopsylu.
15. MAIDEN NAME Dancy B Lewis	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Srufus week (State or country)	Accident, suicide, or homicide?
17. INFORMANT Cleude W. Wayner (Address) 13 07 ft St.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREDIATION, OR REMOVAL Plant line Steve Colla Date 11 - 12 - 1335	Manner of injury
All Comments	Nature of Injury
19. UNDERTAKER Cause C. Magnery (Address) 30 ak J. Cause Cause Managery	24. Was disease or injury in eny way releted to occupation of deceased?
20. FILED JAN 12, 1935 Jos J Flranklin M. Registrar.	(Signed) (Signed) (Address) 133 2 4 4 4 10.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related caus of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	S July 5,1927	Peritonitis	3 days ago
The second secon			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state

stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

AGE should be

carefully supplied.

mation should be -WRITE PLA

of OCCUPA-

Exact statement

item of infor-

JORD. Every

V. S. No. 1

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12665
1. PLACE OF DEATH	
County Allegann	Registrator Six RD of
0 , 10 , 1	20 000
Village or City Year Casalladano (If	death occurred in a hospital or institution, give in NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FILL NAME MINISTER & W GRALD	If U.S. Veteran apecify WAR.
(a) Residence: No. La Vale	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEY 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Herale What manual	(Month) (Day) (Year)
Sa. If married, widowed, or divorced	(1001)
HUSBAND of Cory WIFE of Change The Cory	22. I HEREBY CERTIFY, that I attended deceased from
O STATE OF THE STA	1905,10
6. DATE OF BIRTH (month, day, end year)	7000
7. AGE Yeers Months Deys / If LESS than I day,hrs.	to have occurred on the dete stated above, et
64 - 2 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER BOOKKEEPER, etc.	A A
	Cardiac Decomensular 7
9. lodustry or business in which work was done, as SILK MILL,	auricular Filmelation.
SAW MILL, BANK, etc	Criman Cause: Chronic myocardition a from the
this occupation (month and spent in this occupation	resumatio in origin. Duration four or five years.
	Other Contributory Chuses of importance:
12. BIRTHPLACE (city or town)	The state of the s
1 1 1 1 1	Jougna Careries - morac. 13, 30.
13. NAME Finny Co Stelle	A
14. BIRTHPLACE (city or town)	Name of operation Puto Chan Date of
(State or country)	Whet test confirmed diagnosis?
15. MAIDEN NAME KANSE ANTHUM	23. If death wes due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Christopher Yverges	Specify whether Injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.
(Address) In Vale and.	
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Minner (an Date Mrv / 0 , 19 5 0	Nature of Injury
19. UNDERTAKER Komio Stein Inc	24. Was disease or Injury In eny way related to occupation of deceased?
(Address) In the factor	If so, specify
20, FILED 2001 1 8, 193 5 0 1 Trumble 2	(Signed) M. D.
Registrar.	(Address) Cumbalant Mk

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I was with the			Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	050 7 1605	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr		1921	Run over by street car	1 week ago
Cercbral hemorrhage	BURBAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory can	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Other contributory causes of importance:

Gallstones

May 1,1923

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE	OF MARYLAND-	CERTIFICATE OF DEATH	2666
1. PLACE OF DEATH	ODD WITHIN	N COMPORATE LIMITS (60-E)	1/
County	aflegany	Registration Dist. No.	7
Village or City	berland	No. 145 W. St., f death occurred in a hospital or institution, give its NAME instead of street ar	3 Ward
Length of residence In city or town w	here death occurredyrs,fno		
2. FULL NAME /3a	by Boy Whee	ler	
(a) Residence: No.	1 145/ Winen	St., & Ward.	
PERSONAL AND STAT	(Usypplace of abode) ISTICAL PARTICULARS	If nonresident give city or town a	
3. SEX 4. COLOR OR RACE		MEDICAL CERTIFICATE OF DEATH	
Malo Polaros	OR DOVORCED (write the word)	nov 2	, 1935
5a. If married, widowed, or divorced HUSBAND of		(Month) (Oay)	(Year)
(or) WIFE of		22. Not HEREBY GER-TIPY. That I attend	ed deceased from
6. DATE OF BIRTH (month, day, and year)	Mov-1-35	I last saw her alive on Vov. 2 ,193	death is said
7. AGE Years Month	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.	
0 0	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:	Date of onset
8. Trade, profassion, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc			
9. Industry or business in which work was dona, as SILK MILL,		Musika	WV -
SAW MILL, BANK, etc.		train	16
10. Data daceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		135
	71	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	maj		
13. NAME Celfred	Mueler		
14. BIRTHPLACE (city or town)	and	Name of operation Data of	
(Stata Occountry)	MI O DX	What test confirmed diagnosis: Was there a	n autopsy?W
15. MAIDEN NAME Serve 16. BIRTHPLACE (city or town) (State or country)	en. Hank on	23. If death was due to external causes (VIOLENCE) fill in also the follow	ing:
O 16. BIRTHPLACE (city or town) (State or country)	mal	Accident, suicide, or nomicide? Data of injury	, 19
17. INFORMANT Bleed	retipolo.	Where did injury occur? (Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	tate)
(Addiess) beech	ad and.	A # # 7	I.
18. BURIAL CREMATION, OR REMOVAL	91-11	Manner of injury Africall Wiry	1
gomesies Cisa	Date 100 7 , 1933	Nature of injury Orlusion of fr	una
19. UNDERTAKER Family	1 11 01	24. Was disease or injury in any way related to occupation of deceased?	
(Address) 145 - 18 16	Ph John (If so, specify (Signed)	un
20. FATED 4 , 1953	Solvanklun. M.N. Registrar.	(Address) B 2	M. D
U If	more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 7 1935	July 5,1927	Peritonitis	3 days ago
BURGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL CDACE DOD DUDGUED OF A GRANDA TO

	ADDITIONAL STACE FOR FURTHER STATEMENTS BY PHYSICIAN
_	
-	

Exact statement of OCCUPA.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

be properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

-WRITE PLA

N.B.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County County WINHIN CORPORATE LIMITS Registration Dist. No. Village or City No. (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs, mos. As. Ward (a) Residence: No. (Usual place of abode) St., A Ward. (Usual place of abode)					
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Clima a. 1	SINGLE, MARRIED, WIDOWED, OR DAYORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attanded decassad from			
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 90	Days If LESS than 1 day,hrs. ormin.	I last sew h aliva on			
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacaased lest worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Certino Ilisosio almo 1930			
12. BIRTHPLACE (city or town) (State or country)	lest la	Other Contributory Causes of Importance:			
13. NAME (State of country) 14. BIRTHPLACE (city or town) (State or country)	West la	Name of operation			
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country)	West Va	23. If death was dua to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicida?			
17. INFORMANT 13 12 July (Address)	her Bean	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.			
18. BURIAL, REMATION, OB REMOVAL WORLD	Date 900 15,1935	Mannar of Injury Nature of Injury			
19. UNDERTAKER August (Address) 20. FIRED 14. 1835	Jan Jung	24. Was disease or injury in any way related to occupation of dacaasad? If so, specify (Signed) M. D.			

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	0 15 10
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC 7 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC 7 1935	1921	Run over by street ear	1 week ago
Cerebral hemorrhage PIREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

-=		0	1
). Every	SICIANS	atement	
CORI	PHYS	ict st	
T RE	LY.	Exa	
E PLAKELY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every it	should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	OF DEATH in plain terms, so that it may be properly classified. Exact statement o	
IS A PE	stated E	properly	s very important. See instructions on back of certificate.
HIS	pe	pe	of c
NK-T	plnods	it may	n back
ING I	AGE	so that	ctions o
JNFAD	pplied.	terms, s	instruc
H	ly su	lain 1	See
, WI	reful	I in p	tant.
HADY	be ca	EATF	impor
PLA	plnoy	OF D	very
F+7	S	_	zen

8 CAUSE mation

TION

pluods

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT THIN CORPORATE County. Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred How long in U.S. if of foreign birth?______mos._____ds. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Day) (Year) 5a. If married, widowed, or divorcad HUSBAND of That I attanded deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Days Months If LESS than to have occurred on the date stated above, at, 1 day, ____hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trada, profassion, or particular UPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL. SAW MILL, BANK, atc ... 10. Data dacaased last worked at 11. Total time (ears) this occupation (month and spant in this occupation. 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of oparation (State or country) What test confirmed diagnosis? Was there an autopsy?_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Data of Injury_______ 19. 16. BIRTHPLACE (city or town (State or country) Where did injury occur?_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR Menner of injury Natura of injury. 19. UNDERTAKER related to occupation of deceasad? (Address) If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis DEC 7 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state

Exact statement of OCCUPA.

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12660
1/1/ WITHIN CONFI	DEATE LIMITS TO
County Allignry	Registration Dist. No.
Village or City Landburker (If	death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME Those many It's	lt.
(a) Residence: No. 431 Pennsylvania	Ost do 2 Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (white the word)	2. DATE OF DEATH NOV. 23 1935
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That t attended deceased from
1/1 / 0 :	200. 15 ,1935 to 2000. 23 ,1935
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If IESS than	I last saw h etive on 45 23, 19 3; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	150
9 Industry or business In which work was done, as SILK MtLL,	nfluin (1)
SAW MILL, BANK, etc.	195-
11. Date deceased last worked at this occupation (month and year) occupation	705
Canada da da o	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME PARCE HT WILL	
14. BIRTHPLACE (city or town)	Name of acception
(State or country)	Name of operation Date of Date of Was there an autonsy?
15. MAIDEN NAME CLEOSA Inc Canley	23. If deeth was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury 19
E (State or country)	Where did injury occur?
17. INFORMANT JAS. At Street	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of InjuryM
Place Islands Ling Date 11 25, 1930	Nature of injury
19. UNDERTAKER Loris Stepn Jane	24. Was disease or injury in any wey related to occupation of deceased?
20, FIRED US 5 , 1935 Jan Strandin 2018	(Signed) MBOWER M. D.
Registrar.	(Address) 133 Dulle
If more blanks are meded address State Bound	N Ct 1 C . D.L.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
11/10/100000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis Cerebral bemarkage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH or plain terms, so that it may be properly classified. Exact statement of OCCUPA.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11-6
County Alleganightino	Registration Dist. No.
Village or City Consider to I d	No. 431 Serus luquis Her 6- 2 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Les transing	ds. now long in 0.5. If of foreign printyyrsmosds.
(a) Residence: No. (Usual place of abode)	St., 6 - ZWard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH NOV. 18 ,193.5
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Och 15. 1922	I last saw h alive on Nov. 15 , 1935; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SPIK MILL	millien " tov.
9. Industry or business in which work was done, as SILK MILL,	001
SAW MILL, BANK, etc. 11. Total time (years)	1531-
O 4 10. Date deceased last worked at this occupation (month and year)	
	Other Contributory Causes of importance:
12. BIRTHPLACE (gity or town) (Stata propuntry)	
E TOUR	
14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Date of
	What tast confirmed diagnosis? Wellers Was there an autopsylon
I Carley	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Statefor counfry)	Accident, suicide, or homicide? Date of injury
1 (State of County)	Where did injury occur?
17. INFORMAN A A A A A A A A A A A A A A A A A A	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Ph/ tellores Lemonate Dra 201935	Natura of injury
07-4	
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. EHED 20 20, 1922 Jan Handlin M. S.	(Signad) MEBOWERE, M. D.
Registrar.	(Address) 183 Va leven
If more blanks are needed, address State Registrar, 2	411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

-WRITE PLA

ä

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	- ti	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---------------	----------	---------	------------	----	-----------

ARGIN RESERVED FOR BINDING

V. S. No. 1 N. B.

PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. properly classified. certificate. þe AGE should be See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important.

STATE OF	MARVI AND	CERTIFICATE OF DEATH	
1. PLACE OF DEATH		12	671
710	WITHIN CORPO		/
county allegany	····	Registration Dist No.	7
Village or City Combett	and	No. Huystack Same St., I death occurred in a horpital or institution, give its NAME instead of street and n	Ward
Length of residence In city or town where death or		1	
2. FULL NAME () in cent	711 in love	mul If U.S. Veteran specify WAR	
(a) Residence: No. Frosther	Ha ma	St. Ward.	
	(Usual place of abode)	St., ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SIN	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH //- 21-	193
5a. If married, widowed, or divorced	single	(Month) (Oay)	(Year)
HUSBAND of (or) WIFE of	- <i>U</i>	22. 5 I HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) Oku	27-1917	I last saw h Line alive on 1 (- 15-, 1935	; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	
	23 lay,nrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	hool	7	
9: Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		- Allmony	Don-
SAW MILL, BANK, etc	11. Total tima (years)		4
this occupation (month and year)	spent in this	e wesculoses	May
2+0	0.0	Other Contributory Causes of importance:	
(State or equntry)	md		
1	Delanage		
	+ CALLE	1 10 1 4 9 0000	
(State or country)	d.	Name of operation	Dead Superin
15. MAIDEN NAME LOS DIS LO	1011	23. If death was due to external causes (VIOLENCE) fill in also the following	
	H County	Accident, suicide, or homicide?	
(State or country)	md.	Where did injury occur?	, 17
17. INFORMANTALS Samuel	Viulrerner	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
(Address)		Manager	
Place Johnson Cem, pat	10 Nov 25, 195	Manner of Injury	
1000			ARD.
19. UNOERTAKER (Address)	- 70.1	24. Was disease or injury in any way related to occupation of deceased?	
The state of the s	30 100	If so, specify (Signed) NEX William	MD
20. FILE 0 2 1, 19 3 5 Las	Shanklen M.	(Signed)	J. 10.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis - FALL V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

N. B.-WRITE PLA

V. S. No. 1

of OCCUPA-

Exact statement

item of infor-

D. Every

1	STATE OF MARYLAND— L. PLACE OF DEATH County L. Place or City County Village or City Current Village	ORATE LIMITS 9400 Registration Dist. No. 4	72 Ward
	2. FULL NAME (100 Julius Thos	Qe.	
attende	(a) Residence: No. 538 (Jalumles Ou (Usual place of abode)	St., 3 Ward. If nonresident give city or town and State	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SEX male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) If married, widowed, or divorced HUSBAND of	21. DATE OF DEATH November 3 (Month) (Day) (Ye	
	(or) WIFE of Edna Tholfer	22. I HEREBY CERTIFY. That I attended deceased the second	d from 30
6.	DATE OF BIRTH (month, day, and year) Capul 2,1884	I last saw h.c.M. alive on how 5, 1931; death	is said
	AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$2.13m.	
2	5 7 1 1 day,hrs. ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	fanad
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Myo carled de generation 12.	S E S
12.	BIRTHPLACE (city or town) Cusara (State or country)	Other Contributory Causes of importance:	3-35
HER	13. NAME (Uneham, Osaac, Tholle		
FATHER	14. BIRTHPLACE (city or town) (Scales : (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?	
ER	15. MAIDEN NAME		
MOTHER	16. BIRTHPLACE (city or town) Caraca (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?	
17.	INFORMANT Morning Shale (Address) of 28 Columbia cene.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18.	PINAN VIEW Coule Date Nov 4-, 1935	Manner of Injury Nature of Injury	
19.	UNDERTAKER ORING Steing Tree	24. Was disease or injury in any way related to occupation of deceased?	

(Address) Medical If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed).

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	31
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
DEC 7 1503			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year